every item of information carefully

Supply o

UNFADING INK.

OR WRITE PLAINLY, WITH

PLEASE TYPE

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9599

CERTIFICATE OF DEATH

,,		0.9802
Reg.	Dist.	(196012 No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	ED:
COUNTY Carroll MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF STA	Y CITY(If outside corporate limits, write RURAL	and give nearest town)
OR and give nearest town) (in this place)  Y TOWN Sykesville 6month 29da:		3V01.4
HOSPITAL OR	STREET (If rural give location	
STREET ADDRESS Compaging & State Unmited	ADDRESS 5106 Richard Avenue	1
phringitera prace nospicar		(B)
DECEASED:	OF.	(Day) (Year)
(Type or Print) LILLIE BLANCHE  5. SEX:   16. COLOR OR   7. SINGLE, MARRIED,   8. DAT	ALBERT DEATH: October TE OF BIRTH: 9. AGE last birthday if under	
RACE: WIDOWED, DIVORCED,	12-77 78 yrs. Months	Days Hours Min.
work done during most of working life, even if retired): Housewife	11. BIRTHPLACE (State or foreign country): 12 Maryland	COUNTRY?
13, FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Frank M. Sturgeon	Martha Underwood Sturgeon	
IS. WAR DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital records	
ANTECEDENT CAUSE (8)	Thrombosis clerotic Heart Disease	Days Years
STATING UNDERLYING CAUSE LAST.  (C)		
DISEASE OR CONDITION CAUSING DEATH, PROWTH OF IL	soc. with disturbance of metabolutrition, with senile brain dis	lism,
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATI	with psychotic reaction.	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, for CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bld. (15 EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, for Control of Contro	Sykesville Ca:	
OF INJURY  7 21 55 M. 21E INJURY OCCURR While Not while at work	Pt. Accidently slipped on	floor.
22. I hereby certify that I attended the deceased from 9-1	0 , 1955, to 10-27 , 1955, that I la	st saw the deceased
signature 10-26 19 55 , and that death occurred a	at 4:25AM, from the causes and on the date	
(due und) Tusthans	DM.D. Springfield State Hospital	10-27-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	ETERY OR CREMATORY LOCATION (City, town,	or county) (State)
	mount Bullimon	-, //4,
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

PECELVED V. S. BUREAU V. S.

VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9600

CERTIFICATE OF DEATH

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			11 11
TD	TABLE	Th.T.	1 11
Keg.	DIST.	NO.	74

		Reg. Di	St. IVV. Jakafananan
I. PLACE OF DEATH:	2. USUAL RESID	ENCE (HOME) OF DECEASED:	
COUNTY CARROLL MARYLAND	STATE 7	nel	UNTY PREVOUEL
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give pearest town) (in this place)		de corporate limits, write RURAL	
IIOSPITAL OR INSTITUTION OR	STREET	(If rural give location	on)
STREET ADDRESS	ADDRESS		
3. NAME OF DECEASED: (Type or Print) John James An	(Last)	4. DATE (Month) (DO)	(Year) Z/ 19.55
	of BIRTH/ 5. 1904	9. AGE last birthday: If under i	Days Hours Min.
10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS O work done during most of working life, even if retired working life,	R 11. BIRTHPLACE	(State or foreign country): 12	COUNTRY?
13. FATHER'S NAME:	14 MOTHER'S MA	IDEN NAME:	9.0111
John J. anthony	mary .	P. Cullen	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 76. SOCIAL SECURITY No.: 17 (Yes, no, or unk.) (11 Yes, give war or dates of	, INFORMANT & Al	ODRESS:	1- 11
Unch service) - 2/2-03-2988	Min aguer	anthony - Sail	her, md.
18. MEDICAL CERTIFICAT	10N	9	Intervai Betwee
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	al a	1 - 0	9nset And Deat
133x Cardier ar	rest, Care	eurmin & Com	Dest 55
Immediate cause (a)	manufacture de la constant	1)	110
Antecedent causes (s)	Santas	P	10ex 05
Diseases or conditions, if any, (b)	July 4	de - arusal	P 3 3
stating the underlying cause last. DUE TO			
(e) Mutantisen	1.		
<ol> <li>OTHER SIGNIFICANT CONDITIONS         Conditions contributing to the death but not         related to the disease or condition causing death.</li> </ol>			
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY ?
			Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office bldg., etc.)	t, (CITY OR TOV	VN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED While at Not While INJURY   Mork   At Work	HOW DID INJUR	RY OCCUR?	
22. I hereby certify that I attended the deceased from	e 1953 to 6	28 21, 19.53, that I las	at any the deceased
010 -			
alive on 2 001, 19.55, and that death occurred at /	r.tt. 3ti.l./le., fro	m the causes and on the dat	DATE SIGNED
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETE	X4	your we	county) (State)
REMOVAL (Specify) 10-24-55	RY OR GREMATORY	LOCATION (City, town, or	exall and
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIR	ECTOR (CA)	ADDRESS
OAX 21,1955 P. Hanne Tiles	X1.75 41	Maiatt Olive	will ynd
and it is a control of the control	VISIONICE IN	March - Martin	Viele 1141

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BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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#### CERTIFICATE OF DEATH

09604

96)1 CENTIFICATE OF DEATH Reg. Dis	st. No.
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	0
COUNTY CORNOLL MARYLAND STATE Md. COL	IN Earroll
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  CITY (If outside corporate limits, write RURAL (in this place)  OR (If outside corporate limits, write RURAL (in this place)	
TOWN (In all Westminster 5' 0 yrs TOWN (Was Westminster STREET (If must be leaved)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wring mills	on)
DECEASED: AUD A	lay) (Year)
Type or Print) LAURA C. BABYLON OF ACT.  5. SEX:   S. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF BIRTH:   9. AGE last birthday: IF UNDER I	2 19 3 5
F RACE: WIDOWED, DIVORCED, Quegud 19-1877 78 yrs. Months	Days Hours Min.
18a. USUAL OCCUPATION. Give kind of working iife, work done during most of working iife, even if retired; INDUSTRY:  13. FATHER'S NAME; 14. MOTHER'S MARDEN NAME;	COUNTRY?
13. PATHER'S NAME:	
Christopher Shickles Glen & tonesifer	
16 WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service)  Service)  On the service of service	er, mod.
no service) none Garl Dabylon	3
18. MEDICAL CERTIFICATION	Interval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset And Death
Immediate cause (a) Contral Hemorrhy	1 day
DUE TO May contain ( all s)	,
stating the underlying cause last. DUE TO	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
	Yes No No
ZI. ACCIDENT (Specify) PLACE (Home, farm, factory, street, UICIDE UIOMICIDE (Specify) OF office bldg., etc.) (CITY OR TOWN)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR?  OF While at Not While Work [] At Work []	
22. I hereby certify that I attended the deceased from July, 1930, to 2-2-, 1950, that I las	t saw the deceased
alive on 10-2, 1953, and that death occurred at 10,45 from the causes and on the date	e stated above.  DATE SIGNED
73 BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETERY OF CREMATORY   LOCATION (City town or	
Lunal 1 (Specific 2) d. 6, 1955 (meadow) Tranch Completer Westmington	md.
BATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS
11-3.55 Hamil Milly Hankard Fon Wishminster	, /m d.

BUREAU V. E.

DEVED A 1995

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 RE, 18 09605 Reg. Dist. No. 26

9692 CERTIFICATE OF DEATH Reg. Dist. 1	vo. 26
I. PLACE OF DEATH:  COUNTY  COUNTY  CITY (If outside corporate limits, write RURAL LENGTH OF STAY)  2. USUAL RESIDENCE (HOME) OF DECEASED:  Maryland  STATE  CITY (If outside corporate limits, write RURAL and	Carroll
NOSPITAL OR   STREET   (If rurai give location)   ADDRESS   (If rurai give location)	× /
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED: Wedle Tane Bollinger OF Oct. 14	(Year) 19 55
(Type or Print) Maddle Dollars Dollars Death:  5. SEX: S. COLOR OR RACE: WIDOWED, DIVORCED, (Specify) Married Nov. 29. 1876  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married Nov. 29. 1876  78 yrs. Months Days	R IF UNOER 24 HRS.
10a. USUAL OCCUPATION. Give kind of working life, even if retired): Housewife Own Home Carroll County, Md. U	TIZEN OF WHAT UNTRY? SA
13. FATHER'S NAME:  John Arnold  Mary Grimes	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of no service) Hayden C. Bollinger R 6 Westm	inster, Mc
18. MEDICAL CERTIFICATION  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  331 X  Immediate cause  (a) Carefract Leurotatage	Interval Between Onset And Death
Antecedent causes (8) Diseases or conditions, if any, giving rise to the above cause  (b) Asterio Ecleronics weth Lay merkeusion	years.
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STA	Yes No
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED   HOW DID INJURY OCCUR?   While at Not While   Not Work   At Work	
James J. Throah M.D. Wraheaute Met	ated above.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	ryland
REGISTRAN JOHN R. Byers Westminster.	

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BUREAU V. S.

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9613 CERTIFICATE OF DEATH Reg. Dist. No ...

I. PLACE OF DEATH; USUAL RESIDENCE (HOME) OF DECEASED: Carroll Carroll Maryland COUNTY MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL| LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) (in this place) OR rural Westminster rural Westminster HOSPITAL OR (If rural give location) STREET INSTITUTION OR ADDRESS R 6 Small wood R 6 Smallwood STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED 1955 Oct. 6 Martha Ellen Bowers (Type or Print) DEATH 5. SEX: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed Sept. COLOR OR 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. RACE: Months Days Hours Female 1866 10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) : 112. CITIZEN OF WHAT work done during most of working life, even if retired) HOUS @Wife COUNTRY INDUSTRY: Carroll County. Md. Own Home 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME Joseph E. Hess Belinda Hill 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY NO.: (Yes, no, or unk.) | (If Yes, give war or dates of Mrs. C. Albert Frick 6 Westminster. Md. service) \_ no MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH And Immediate cause DHE TO Antecedent causes (s) Physicians Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last. DUE TO (c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes [ 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? While at Not While INJURY At Work Work | 22. I hereby certify that I attended the deceased from 10, 2, ..., 195 , to 10-6 - 1955, that I last saw the deceased Afrom the causes and on the date stated above. alive on JONS and that death occurred at DATE SIGNED BURIAL, CREMATION. NAME OF CEME LOCATION (City, town, or county) (State) REMOVAL (S Buria) (Specify) Oct.8 Samllwood Maryland Park Deer DATE REC'D BY LOCAL ADDRESS 24. FUNERAL DIRECTOR REGISTRAR John R. Byers Westminster,

BUREAU V. S.

9961 01 100

MECENAED

UNFADING INK.

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PLAINLY,

OR WRITE

TYPE

PLEASE

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Sapply every item of information carefully.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9604

CERTIFICATE OF DEATH

Reg. Dist. No.

-	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
3	COUNTY Carroll MARYLAND	STATE Maryland county Montgomery
3	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
3	OR and give nearest town) TOWN Rural - Sykesville 27 days	OR TOWN Kensington / ( )
Ph.	HOSPITAL OR	STREET (If rural give location)
Cal	15 INSTITUTION OR Springfield State Hospital	ADDRESS 1562 Woodfield Poad
3	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yesr)
3	O. (Type or Print) MAFGARET	RPIDEN DEATH: 10 5 1955
7	RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday if under I year if under 24 Mrs.
S n	Female   White   (Specify) Widowed   12/2	1/10 10 yrs 5 8
2	IOA USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	Scotland State or foreign country). 12. CITIZEN OF WHAT COUNTRYS
9	Housewife Housewife	Scotland
217	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME:
٥	James Lang	margaret Osborne
	IS, WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
F	(Yes, no, or unk.) (If Yes, give war or dates of service)	Record, Springfield State Hospital
ď	18, MEDICAL CERTIFICAT	ION INTERVAL BETWEEN
Ä,	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	1 450,0 Acute Pu	lmonary Embolism Hours
S	DUE TO	THE TAIL THE PROPERTY OF THE P
5	ANTECEDENT CAUSE (S' DISEASES OR CONDITIONS, IF ANY, (B) General	Arteriosclerosis Years
S I	DISEASES OR CONDITIONS. IF ANY.  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST  DUE TO	irrerioscierosis lears
ڎ	(C)	
707	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic	
5	DISEASE OR CONDITION CAUSING DEATH, Serile brain	disease, with rsychotic reaction 5 years
	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	
		YES X NO
	21A ACCIDENT WAS UNDERLYING M   21B. PLACE (Home, farm, fact	ory, 21c. WHERE DID (City or town) (County) (State)
2	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	Kensington Montgomery Md.
d's	A A MINO	
e E	OF INJURY  OF INJURY	TT - 2
4	0=2(=55	Unknown  8 , 19 55 to 10/5 , 19 55 that I last saw the deceased
200		8, 19 55 to 10/5, 19 55 that I last saw the deceased
כנ	silve on 10/1. , 1975 , and that death occurred at	8:30AM, from the causes and on the date stated above.
1 1	Educued Ludherres M	.D. Sykesville, Marrland 10/5/55
5	23 BURIAL, CREMATION.   DATE THEREOF , NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or tounty) (State)
	Removal (specify) 10-10-55 Koschessi	C Lamatana ! Descridence Co
	DATE REC'D BY LOCAL', REGISTRAR'S SIGNATURE	c emetery Providence County R. I
	REGISTRAR	



#### MARYLAND STATE DEPARTMENT OF HEALTH

1. PLACE OF DEATH-

HOSPITAL OR INSTITUTION OR STREET ADDRESS

OR give nearest town)

COUNTY

3. NAME OF

DECEASED

21. ACCIDENT

INJURY

SUICIDE

(Type or Print)

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

09608

ADDRESS

Reg. Dist. No .. 2. USUAL RESIDENCE (HOME) OF DECEASED. STATE MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in this piace) TOWN STREET ADDRESS (First) (Last) (Month) (Day) (Year) OF DEATH ~ サイアラ 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 9. AGE last buthday | If under 1 year | If under 24 bru. 6. COLOR OR RACE Months | Days | Hours | Min. (Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, eyen if retired) INDUSTRY COUNTRY? 71 4 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service) 154-1-711 18. MEDICAL CERTIFICATION INTERVAL PROFESION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause (b).... stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19s. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While Work

22. I hereby certify that I attended the deceased from 1940, to 1953, that I last saw the deceased and that death occurred at 3,30 alive on

m., from the causes and on the date stated above. SIGNATURE DATE SIGNED

23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) 6 7 174 W DATE REC'D BY LOCAL | REGISTRAR'S SIGNATURE

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Supply every item of information carefully.

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VS.

PLEASE

maryland 9546		NT OF HEALTH—BALTIMORE E OF DEATH Re	, 18 (19609 g. Dist. No. 74
DEATH:		2. USUAL RESIDENCE (HOME) OF DE	CEASED:
Carroll	MARYLAND	STATE Md. COUNTY	Prince George
utside corporate limits, wr give nearest town)	ite RURAL LENGTH OF STA'	C(TY(If outside corporate limits, write R	URAL and give near

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Carroll MARYLAND	STATE Md. COUNTY Prince	
CITY (If outside corporate limits, write RURAL LENGTH OF OR and give nearest town) (in this pl	F STAY CITY(If outside corporate limits, write RURAL a	nd give nesrest town
y TOWN Sykesville 12 years	TOWN ????	164-2
HOSPITAL OR	STREET (If rural give location)	
STREET ADDRESS Springfiel d State Hospita	al ????	
3. NAME OF (First) (Middle) DECEASED:		Day) (Year)
(Type or Print) Betts	Butts Oct.	17 1955
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8.	DATE OF BIRTH:  9. AGE last birthday   P UNDER   Y	
	out 1871 ? 8h ? yrs. Months D	ays Hours Min.
IOA. USUAL OCCUPATION (Give kind of los. KIND OF BUSINI work done during most of working life. OR INDUSTRY:	12.	CITIZEN OF WHA
even if retired): ????	????	????
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	2 2 2 2
	The state of the s	
7???	????	
18. WAR DECEASED EVER IN U.S. ARMEO FORCES: (Yes, no, or unk.) (If Yes, give war or dates	No. 17. INFORMANT & ADDRESS:	
7777 of service) 7777	Records of Springfield State	Unamidal
18. MEDICAL CERT	TELEVIOR	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEE
4201		CHOCK NAD DEXT
IMMEDIATE CAUSE (A) Coronam	w_occlusion .	minutes
ANTECEDENT CAUSE (S' DUE TO		- III. IIII III
B. B		
GIVING RISE TO THE ABOVE CAUSE DUE TO		-
STATING UNDERLYING CAUSE LAST.		j
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH. Schizo	phrenia, hebephr, type more th	han 42 yrs
194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPER		20. AUTOPSYT
		YES NO T
		[A]
21a. ACCIDENT WAS UNDERLYING   218. PLACE (Home, far	rm, factory. 21c. WHERE DID (City or town) (Count	y) (State)

especially important. Physicians: please write the causes of death clearly and legibly, WRITE PLAINLY 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E INJURY OCCURRED While Not while 21F. HOW DID INJURY OCCUR? at work at work . 07 OR 8 ge 22. I hereby certify that I attended the deceased from Spt. 1 , 1917, to Oct. 17, 1955, that I last saw the deceased alive on .Oct. 16 .. . 1955, and that death occurred at6:00 AM, from the causes and on the date stated above.

ADDRESS DATE SIGNED TYPE correct Martin Gross, M.D.

(IF EITHER, NOTIFY MEDICAL EXAMINER)

23. BURIAL, CREMATION,

MEDICAL SCHOOL 1800 F LOMBARD ST

TITIES.

550. ( · 10

TIATER

1. PLACE OF D

STREET ADD

NAME OF DECEASED: (Type or Print)

13. FATHER'S NA

15 WAS DECRASED

I. DISEASES OF

21. ACCIDENT

INJURY

SUICIDE

HOMICIDE

giving rise to the above cause

(Yes, no, or unk.)

5. SEX: Male 10s. USUAL OCC

	00010
MARYLAND STATE DEPARTMEN	TO OF HEALTH—BALTIMORE, 18 (19610)
9847 CERTIFICATI	E OF DEATH Reg. Dist. No. 7.4
PLACE OF DEATH:	2 USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Carroll MARYLAND	STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  TOWN Henryton 415 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Maryland	STREET (If rural give location) ADDRESS 530 Johannsen Street
NAME OF (First) (Middle) DECEASED: Type or Print) NOTWOOD C	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: 10- 9- 1955
Male Negro (Specify): Single 5-	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.  30-1904 51 yrs. Months; Days Hours Min.
usual occupation give kind of work done during most of working life, even if retired): Painter   10b. KIND OF BUSINESS OF INDUSTRY: Self Employed	New Orleans, Louisiana U. S.
FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel Calloway	Arnita Gray
WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY No.: 17, no, or unk.) (If Yes, give war or dates of service) 212- 20-7901	Norwood Calloway - 530 Johannsen Street
18. MEDICAL CERTIFICAT	
	ateral pulmonary tuberculosis
Antecedent causes (s)	

DUE TO stating the underlying cause last, (e) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

(Specify)

TIME (Month) (Day) (Year) (Hour)

19b. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERATION:

OF INJURY

Yes | No | (COUNTY) (STATE) (CITY OR TOWN) HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from .8-20-..1954 to .10-9-, 19.55, that I last saw the deceased

and that death occurred at .9:30 P.M., from the causes and on the date stated above.

(Degree or title)

ADDRESS

DATE SIGNED alive on 10-9 Henryton, Maryland 10-9-MATORY | LOCATION (City, town, or county) BURIAL, CREMATION, REMOVAL (Specify) A F 10 VA DATE REC'D BY LOCAL NAME OF CEMETERY OR CREMATORY MEDICAL SCHOOL

PLACE (Home, farm, factory, street, OF office bldg., etc.)

Not While At Work

INJURY OCCURED

While at Work [

REGISTRAR'S

ADDRESS

20. AUTOPSY ?

PLEASE WRITE PLAINLY,

especially





## 9698 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
Carroll MARYLAND	Maryland Carroll
CITY 'If outside corporate limits, write RURAL and LENGTH OF STA	
X TOWN give nearest Woodbine 6" Jistace)	TOWN HOOGOTHO
HOSPITAL OR	STREET (If rural, give location) ADDRESS
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (400/ss	Colsol DEATH Oct. 6, 195
5. SEX ) 6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last birthday   If under, I year   If under 24 hi
widowen, Dixorced	d 3-4-1908 47 (47) Months. Days Hours Mir
INAL OCCUPATION (Give kind of work 10b. Kind of Business o	B II. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHA!
done during most of working life, even if retired) INDUSTRY	Maryland Coursey?
B & U. R.R. SHODS	14. MOTHER'S MAIDEN NAME
Charles O. Colson	Mattie Fisher
15. Was Deceased Ever In U.S. Armed Forces?   16. Social Security No.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If year, give war or dates of 705-05-337)	Ida May Crabb, Woodbine, Md.
yes service) W.W. 11 /00 00-35/	Tua may orabb, modulation
IA. MEDICAL	CERTIFICATION INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT
7544 Can haversand	Caronay Paromhosis,
Immediate cause (a)	Comment of the contract of the
Antecedent cause(s)	
College In Car	wh diaren, Cardia educa.
Diseases or conditions, if any, (b) (b)	the point of Caccard addition.
stating the underlying cause last	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a, DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7,122 00 02 11111111111111111111111111111	Yes 🗆 No 🖯
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stre	
SUICIDE OF office bldg., etc.)	
HOMICIDE   INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	***************************************
INJURY m.   Work   At work	
22. I hereby certify that I attended the deceased from	l , 1907, to 6004 , 1955 , that I last saw the deceased
alive on 6 Oct , 1935, and that death occurred at	3.30 7 m., from the causes and on the date stated above.
SIGNATURE	ADDRESS : DATE SIGNED
Harma & Male	Contract of the contract of th
	TERY CRAME LOCATION (City, town, or county) (State)
DOIGE TO THE TOTAL TO THE TOTAL TOTA	Chapel Carroll Co., Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Part 9 19:5 Robert Potanitt - His	C. M. Waltz, Winfield, Maryland

VS. A15A

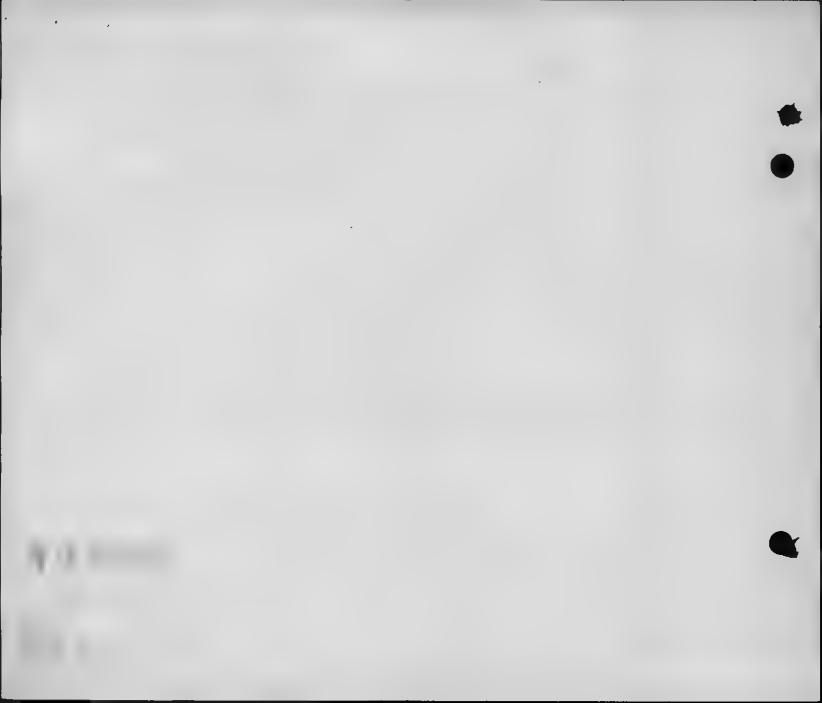
35E

#### MARYLAND STATE DEPARTMENT OF HEALTH

# 9609 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

09612

1. PLACE OF DEATH- COUNTY ///// A//	2. USUAL RESIDENCE (HOME) OF DECEASED.	Y Carrell
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR givenbarest town) (in this place)	CITY (If quesido corporate limits, write RURAL and gi	ve nuaremt town)
K TOWN MANUAL MOSTRIBLES 1/451-	TOWN KINDY , VIT MITTER	eden X
HOSPITAL OR INSTITUTION OR	ADDRESS (140 + (11 rural, give location)	20-1-1
od street address whileisting ha.	" Worthmore "	NAT
3. NAME OF (First) (Middle)	CONOVICH  4. DATE (Month)  OF  DEATH  OF  DEATH  OCH	(Day) (Year)
(Type of Print) / HAMH S 5. SEX   6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 19. AGE fast birthday   II under	1300
WIDOWED, DIVORCED,		Days Hours Mic.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business OR		12. CITIZEN OF WHAT
done during most of working lifer even if retired) INDUSTRY	Lekahoma.	COUNTRY!
13. FATHER'S NAME	14. MOTHERS MAIDEN NAME	
15. Was December Principle 15 th Among December 15	THE INFORMANT AND ADDRESS	***
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of 2/6-/0-554/2-	17. INFORMANT AND ADDRESS	20 marsler
18. MEDICAL CE	RTIFICATION	184 - 11-10 # 5
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
~	1111	Marilia
976 Ammediate cause (a) I wishout it to	wy the text	- Julius
Antecedent cause(s)  Diseases or conditions, if any, (b)		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
		Yes No D
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Office-bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (GOUNTY	1
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
INJURY A / No Sm.   While at   Not while at work	red legisles	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said deceration: notural couses [], arcident [], suicide [], homicide [], SIGNATURE [Degree or title]	cased died on the day stated above, and death in my	from the evidence opinion resulted
seele I work to in " deine	Expune inclumen Mix	Let 3/US
23. BURIAL, CREMATION   DATE THEREOF NAME OF CEMETE REMUTAL (Specific OCT. 5, 95) MOREON	S Brussey LOCATION (City, town, or cou	secreter Med
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-3.33 Harmy 2 2 miles	1 x 1 musi h willist	war hay



## 9610

## CERTIFICATE OF DEATH

Reg. Dist. No. 744

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	1
COUNTY Parall MARYLAND	STATE COUNTY	assoll
CITY If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If ontside corporate limits, write RURAL and give n	earest town)
TOWN True of the control of this place)	TOWN Towal - Orankewille-	X
HOSPITAL OR	STREET _ / (Urural, give location)	
M STREET ADDRESS Colorbus.	ADDRESS Califoling.	
3. NAME OF (Eint) (Middle)	(Last) 4. DATE (Month) (1	Day) (Year)
(Type or Print) Edgar Roth Co	werens DEATH City	27 55
5. SEX COM'R OR RACE 17. SINGLE, MARRIED.	B. DATE OF BIRTH   9. AGE last birthday   If under, 1 y	ear   If under 24 hrs.
Male Willite WIDOWED, DIVORCED, (Specify) Married	2-23-1884 7/ yrs. Months. D.	ays   Hours   Min.
102. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done duting most of working life was retired Strengell Associate	ma.	UNIRY
18. FATHER'S NAME	14. MOTHER'S MAIDEN NAME.	
(Sparlers (Surrenis)	Umanda Othaster	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?  -16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If year, give war or dates of Service)	Mes nettre. Currene - Vorkeault	, ma.
IS. MEDICAL CE		NTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING DEATH		JNSET AND DEATH
Immediate cause (a) Welete Lee	toward Moonbooks -	
Immediate cause (a)	7	
futured ent course(n)	/ /-	
Antecedent cause(s)	10.	
Diseases or conditions, if any. (b) Found deed	e on foon	
Diseases or conditions, if my, (b) Tound died of	e on floor	
giving rise to the above cause atating the underlying cause last (c)	e on floor	-
giving rise to the above cause atating the underlying cause last (c) (c)	e on floor	
giving rise to the above cause atating the underlying cause last (c)	e on floor	
giving rise to the above cause atating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	.0	20. AUTOPSY1
giving rise to the above cause atting the underlying cause last  [c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	.0	20. AUTOPSY7
giving rise to the above cause atting the underlying cause last  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	.0	
giving rise to the above cause at atting the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)		Yes 🗆 No 🗂
giving rise to the above cause at atting the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, SUICIDE   OF office bidg., etc.)  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED		Yes 🗆 No 🗂
giving rise to the above cause at atting the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF While at Not While	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
giving rise to the above cause at atting the underlying cause last  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, SUICIDE   OF office bidg., etc.) HOMICIDE   INJURY OCCURRED	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	Yes No (STATE)
giving rise to the above cause at atting the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF While at Not While	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
giving rise to the above cause at atting the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)  HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY Mork At work  22. I hereby certify that A attended the deceased from Control of the cont	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?  1, 19, to, 19, that I last and	Yes No (STATE)
giving rise to the above cause at atting the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)  HOMICIDE   INJURY   INJURY OCCURRED OF OF   While at Not While INJURY   Work   At work    22. I hereby certify that I attended the deceased from   OFTICAL    alive on   Control   19  , and that death occurred at	HOW DID INJURY OCCUR?  19, to 19, 19, that I last and the date state.	Yes No (STATE)  The deceased ed above.
giving rise to the above cause at atting the underlying cause last  [6]  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)  INJURY   INJURY OCCURRED OF   While at   Not While INJURY   Work   At work    22. I hereby certify that A attended the deceased from   OF   alive on   19, and that death occurred at SIGNATURE (Degree or title)	HOW DID INJURY OCCUR?  1, 19, to	Yes No (STATE)
giving rise to the above cause at atting the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE (INJURY) OCCURRED OF While at Not While INJURY (Month) (Day) (Year) (Hour) Work At work  22. I hereby certify that I attended the deceased from 19 mail of the	HOW DID INJURY OCCUR?  1, 19, to 1977, 1979, that I had an ADDRESS CONORD - PRINCES AND A	Yes No (STATE)  The deceased ed above.  DATE FIGNED
giving rise to the above cause atating the underlying cause last  [c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While Work   At work    22. I hereby certify that A attended the deceased from   At work    23. BURIAL, CREMATION   DATE   NAME OF CLAMATE  24. BURIAL, CREMATION   DATE   NAME OF CLAMATE	HOW DID INJURY OCCUR?  1, 19, to 1977, 1979, that I had an ADDRESS CONORD - PRINCES AND A	(STATE)  STATE  STATE
giving rise to the above cause atating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)  INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY (Month) (Day) (Year) (Hour) While at Not While INJURY (Month) (Day) (Year) (Hour) Work (Injury)  22. I hereby certify that I attended the deceased from (Degree or title)  alive on (C)  SIGNATURE (Degree or title)  23. BURIAL, CREMATION (DATE) NAME (I) C, MI PL REMOVAL (Specify)  (O-27-55) (AMALE)	HOW DID INJURY OCCUR?  1, 19, to 1977, 1979, that I land and ADDRESS  Coronov - Palecearde Male Party of Chamber of County  RY OR CHAMBETORY LOCATION (City, town, or county)	Yes No (STATE)  She deceased ed above. DATE FIGNED (State)
giving rise to the above cause atating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)  SUICIDE   OF office bidg., etc.)  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While Work   At work    22. I hereby certify that A attended the deceased from   OF office bidg., etc.)  23. BURIAL, CREMATION   DATE   NAME OF CLAMATE  24. AND A WORK   AT WORK   OF OPERATION    25. BURIAL, CREMATION   DATE   NAME OF CLAMATE	HOW DID INJURY OCCUR?  1, 19, to 1977, 1979, that I had an ADDRESS CONORD - PRINCES AND A	Yes No (STATE)  The deceased ed above.  DATE FIGNED



MARGIN RESERVED FOR BINDING

VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9611 CERTIFICATE OF DEATH

RE, 18 09614 Reg. Dist. No.82-83

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Carroll MARYLAND	STATE Maryland con	UNTY Carroll
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL	
X TOWN rural - Sykesville (in this place)	TOWN RuralSylesville	,×
HOSPITAL OR INSTITUTION OR	STREET (If rural give locate ADDRESS	on)
STREET ADDRESS		and the second s
3. NAME OF DECEASED: (Figst) (Middle)		(Year)
5. SEX:   5. COLOR OR   7. SINGLE, MARRIED.   8. DATE	OF BIRTH: 9, AGE last birthday: IF UNDER I	
RACE: WIDOWED, DIVORCED,		Days Hours Min.
male   white   Great Married   12-1		CITIZEN OF WHA
work done during most of working life, even if retired): carpenter general		COUNTRY?
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0.01
Ira A. Davis Ever	Eva J. Henry	
15 WAS DECEASED EVER IN U.S. ARMED FULLED 16. SOCIAL SECURITY No.: 17 (Yes, no, or unk.) (If Yes, give war or dates of	INFORMANT & ADDRESS:	
no service) 219-12-1016 M	irs. Nina Davis, Sykesville	Md.
18. MEDICAL CERTIFICAT		
Immediate cause  (a)	heworkage.	Interval Between Onset And Deat
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  DUE TO	cular Disease	
(c)		j e
11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes 🗍 No 🗍
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED   While at Not While	HOW DID INJURY OCCUR?	
INJURY m.   Work   At Work	,	
	,1927, to 10 / 12/, 1925, that I las	st saw the deceased
alive on 10/12/., 1925, and that death occurred at	.: 05P:M, from the causes and on the dat	e stated above.
The E. Martin Ma Q	and allaton and	10/13/55-
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 10-15-1955 Winfield Ch	RY OF CHEMICAL LOCATION (City, town, or nurch Of God Carroll Co.,	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
PEGISTRAR 14 1959 Robert P. Hunth	C. M. Waltz. Winfield.Ma	aryland

S.

TOA USUAL OC

13. FATHER'S

IN. WAS DECEASED

(Yes, no, or unk.

II OTHER SIGI

21A. ACCIDENT

OR CONTRIBUTI (IF EITHER, NOTIF 21D TIME (Mon OF "INJURY

REGISTRA

TO THE DEA DISEASE OF 19A. DATE OF O

AND A PARTY A RAPE COM A PORT, IN TAID A PARTY AND A		00012	
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19615)			
9612 CERTIFICATE	OF DEATH Reg. Dist.	No. /	
PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY SUNUL MARYLAND	STATE MA COUNTY DUR	coll	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) in this place)	CITYIII outside corporate limits, write RURAL an	d give nearest town)	
X TOWN Hampsterd King 1 410	TOWN Hampiteed. 10	my x	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location)	/	
DECEASED: (First) (Middle) (E Company of the Compan	ast) 4. DATE (Month) (De OF DEATH: Cal 9	(Year)	
6. COLOR OR 7. SINGLE, MARRIED. 8. DATE ( WIDOWED, DIVORCED.  (Specify) wilow 2		AR IF UNDER 24 HRS	
	11. BIRTHPLACE (State or foreign country): 12. C	OUNTRY?	
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0/1	
John Rhodes	Ella Eckland		
Yes, no, or unk.) (If Yes, give var or dates of service)	no Ethel White, Hum	Intered Wed	
18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  LL 4			
DISEASES OR CONDITIONS, IF ANY. (B)	noive C.V. Deces	154~	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
	rehid Hemorphy e	whh	
9A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY7	
ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, factor or CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., e	ry, 21c. WHERE DID (City or town) (County te. INJURY OCCUR?	(State)	
ID TIME (Month) (Day) (Year) (Hour)  P INJURY  M. 21E INJURY OCCURRED  While Not while at work	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 1, 19, to Clamb, 19, that I last saw the deceased alive on 2, 19, 19, 19, 19, and that death-occurred at 3, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19			
M. C. Partir free M.	Sampoteal, our DATE	SIENED 9-51	
S. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (SPENIFY) 16-12-1955	CHES BULLS LD	Sounty) (State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09616

9513 CERTIFICATE OF DEATH Reg. Dist.	No. 20
COUNTY OF DEATH:  COUNTY OF ORTHORD  CITY Outside corporate limits, write RURAL LENGTH OF STAY OR and dive nearest town)  HOSPITAL OR INSTITUTION OR STREET ADDRESS P. J. 5  LOUNTY OF DECEASED:  STATE OF DECEASED:  COUNTY OUTSIDE (HOME) OUTSIDE (HOME	nd give nearest town)
10a. USUAL OCCUPATION Give kind of working life, work done during prost of working life, lindustry:    10a. USUAL OCCUPATION Give kind of working life, work done during prost of working life, lindustry:   10a. USUAL OCCUPATION Give kind of life, working life, work done during prost of working life, lindustry:   10a. USUAL OCCUPATION Give kind of life, working life, lindustry:   10a. USUAL OCCUPATION Give kind of life, lindustry:   10a. USUAL OCCUPATION Give kind of life, life	Is 5 5 EAR IF UNDER 24 HRS. Bys Hours Min.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  Antecedent causes (s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (a)  Carclaca Delongeweellon  DUE TO  (b)  Cardla - Renal Deserve  DUE TO  (c)	Interval Between Onset And Death
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	Yes No
SUICIDE OF office bldg., etc.) INJURY	TATE)
Time (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY Mr. Work At Work	10

1,1953, to Oct. 1-, 1953 22. I hereby certify that I attended the deceased from Aug that I last saw the deceased alive on Se and that death occurred at , from the causes and on the date stated above.

BURIAL CREMATION, REMOVAL (Specify) DATE REC'D REGISTRAR REGISTRAR'S

NAME OF CEMETERY

FUNERAL DIRECTOR

ADDRESS

(State

PLEASE WRITE

VS. A15



Burply every item of information carefully

OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

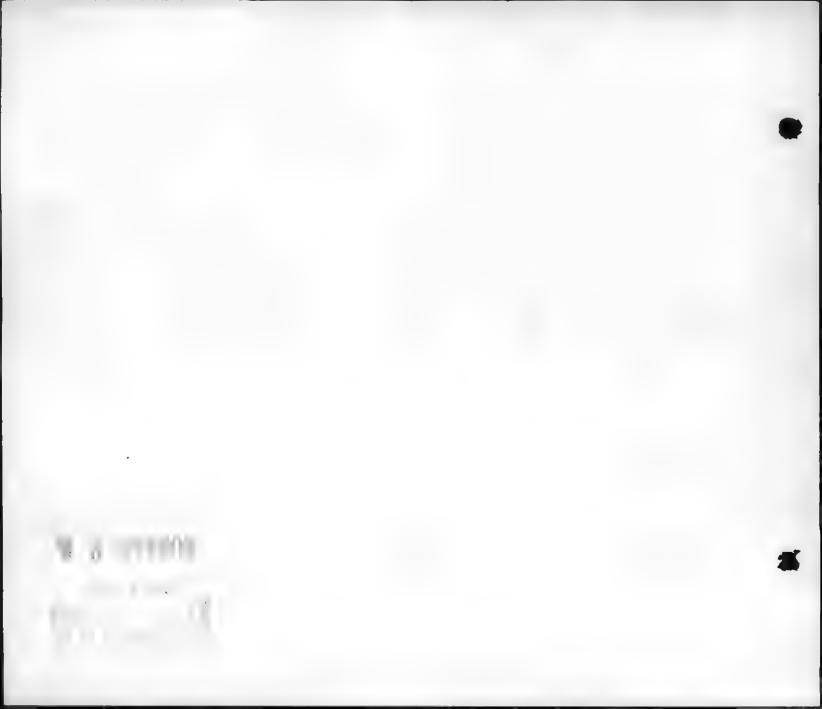
9614

#### CERTIFICATE OF DEATH

RE, 18 09617

Reg. Dist. No. 74.........

Jy.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
gib	COUNTY Carroll MARYLAND	STATE Maryland county Gity	
and legibly	CITY (If outside corporate fimits, write RURAL) LENGTH OF S	STAY CITY(If outside corporate limits, write RURAL and give nearest	town)
and	OR and give nearest town) (in this place town)  Sykesyille Ironth 3d	T03444	
<u>&gt;</u>	HOSPITAL OR	STREET (If rural give location)	_
clearly	INSTITUTION OR STREET ADDRESS Springfield State Hospital	ADDRESS	1
Cle	3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)	<u>Y</u> _
death	DECEASED:	OF	
lea	(Type or Print) HEPMAN CECRCE  5. SEX: 16. COLOR OR 17. SINGLE, MARRIED, 18. I	DOINGERY DEATH: October 19 195	
of	Male hate WIDOWED, DIVORCED. (Specify): Vidowed 1	1-25-80 The yrs Months Days Hours	MJn.
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINES work done during most of working life. OR INDUSTRY:	SS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF V	YHAT
Cal	even if retired): Veterinarian Vilinary		Mili
he	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
write the	Ferdinand Domnosky	Henrietta Dornoskev	
rit	15. WAR DECEMBED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY N		
3	(Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital records	
please		FICATION INTERVAL BET	WEEN
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND D	
02	IMMEDIATE CAUSE (A)Cerebra	l vascular accident Days	
58	ANTECEDENT CAUSE (\$)		
/Sic	DISEASES OR CONDITIONS, IF ANY, (B) Arterio	sclerosis, general. Years	
Physicians	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
	(C)		
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CTS	associated with senile brain dis.,	
OL	DISEASE OR CONDITION CAUSING DEATH. With DAY	chotic reaction.	th#
E	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOP	SY7
		YES NO	X
especially	21a. ACCIDENT WAS UNDERLYING 21b PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State)		
S S S	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCU	JRRED   21F. HOW DID INJURY OCCUR?	
872	OF INJURY While Not whi		
	22. I hereby certify that I attended the deceased from 9-23 , 1955, to 10-19, 1955, that I last saw the deceased		
වා දිනි ජේ	alive on10-19 ., 19/55, and that death occurred at 8:40AM, from the causes and on the date stated above.		
ct	SIGNATURE , 1990, and that death occurre	ADDRESS DATE SIGNED	
correct	Collinar Elishan	M.D. Springfield State Hosp. 10-19-55	
CO	23. BURIAL, CREMATION, DATE THEREOF NAME OF CE	EMETERY OR CHEMITORY   LOCATION (City town, or county)	State
	BEMOVAL (SPECIFY) 10-22-55 ALLY	Cathedral Bullimon mix	-
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	,
	BEGISTRAR, 1955 C. Harry Yell	e) J. O. Milchell & Sons. 1900 Enter He	K.



MARGIN RESERVED FOR BINIING

## 9615

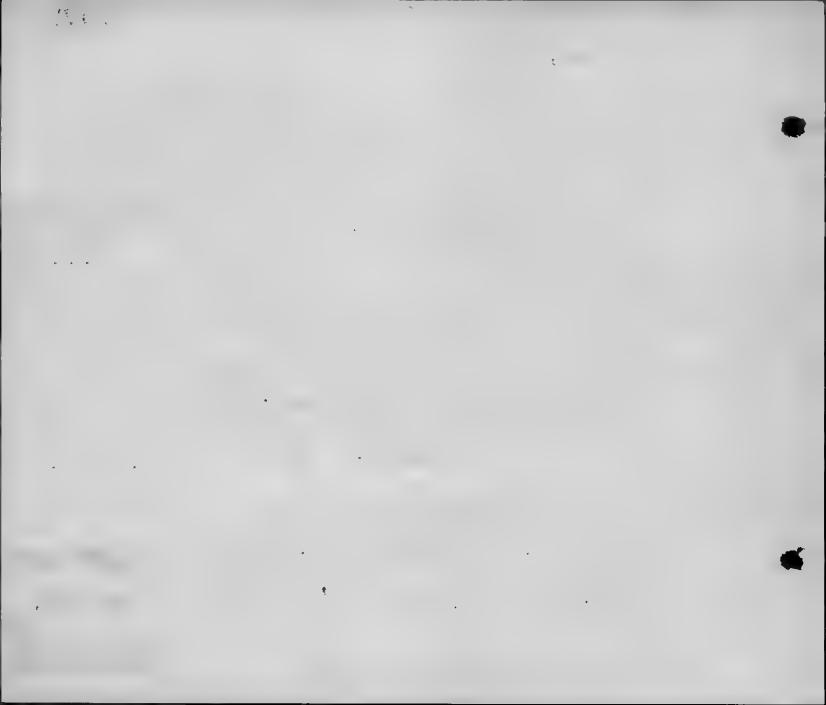
## CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH. COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Y Howard
Carroll Sukesville Maryland MARYLAND	Maryland Cook	Howard
CITY (if outside torporate limits, write RURAL and CITY (in this place)  OR give nearest town)  TOWN Rural: Sykesville, Md. 1 Mo. 6days	CITY (If outside corporate limits, write RURAL and gi	138 2
Unopiral of	TOWN Ellicott City STREET (If rural, give location)	- X- A
// Institution or Springfield State Hospital	ADDRESS Main Street	.1 '
STREET ADDRESS	V	
3. NAME OF (First) (Middle) DECEASED Joseph Ridgely Dyson (Type or Print)	(Lest) 4. DATE (Month) OF 10	(Day) (Year) 21 1955
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.		. I year II under 24 hrs.
Male White WIDOWED, DIVORCED, (Specify) Married	10-15-65 90 yrs. Months	Days Hours Min.
100 IISHAL OCCUPATION (Give kind of work) 10h. KIND OF BININESS OF	II. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
done during most of working life, even if regard) INDESTRY FARM WORK  13. FATHER'S NAME	Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Dyson	Anna Dyson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, np. or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS	
unknown //o service) //oNE	- Hospital records	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a). Coronary Occlusion	<b>1</b>	5 hrs.
Antecedent cause(s) Generalized arteri	losclerosis	years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
stating the underlying cause last  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death. disease, with ps	drome associated with senile brainsychotic reaction	in years
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 19
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg, etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
22. I hereby certify that I attended the deceased from. 9-15.	, 19.55., to 10-21, 19.55, that I last	saw the deceased
signature (forting) (M. J. J. M.	9:00A.m., from the causes and on the date s ADDRESS Springfield State Hosp	DATE SIGNED
23. CORNAL DE COMETE LA DE LA NAME OF CEMETE	RY OR CREMATORIO TELECOMENTO COUNTY OF CREMATORIO COUNTY	- A/ 1
REMOVAL Specify 10/24/55. PROVIDEA	24. FUNERAL DIRECTUR	AUDRESS
RECK TILLET A COLORES TILLED	Caston (oras) (stores	100,28 ml
1112 1 71 161 27 1 6H147411/16681	I I CONTRACTOR BOUND BUILDING A STATE OF THE PROPERTY OF THE P	

2 W DARON

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Physicians:

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- <del>1</del>2 OR

correct age TYPE

causes of death clearly and legibly.

10 60	
10	
S. A15	

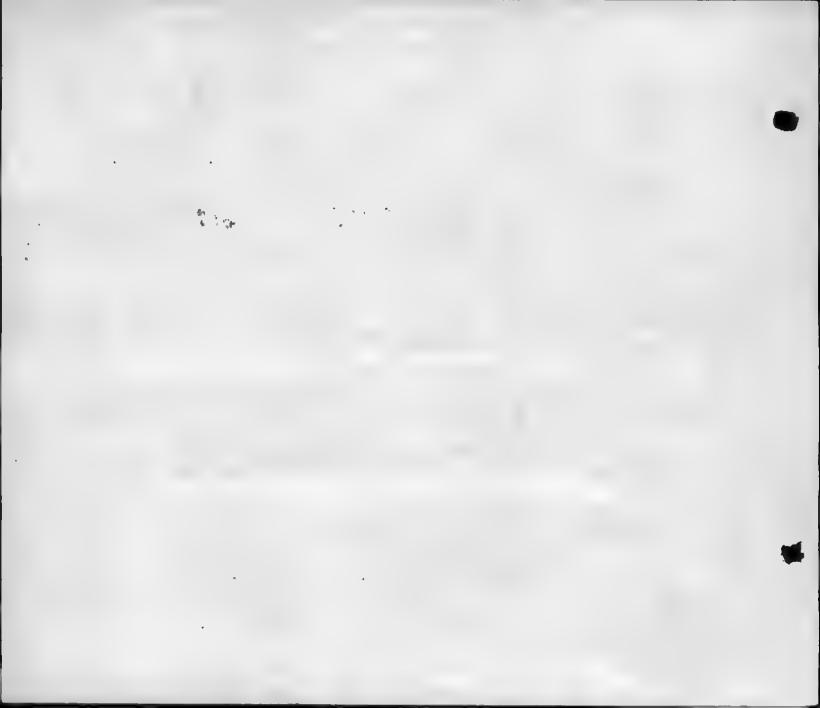
MARKE AND GRADE WITH A STREET, DAY WELL DAY	nocon						
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (	13040						
9512 CERTIFICATE OF DEATH Reg. Dist	. No. 74						
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE	D:						
county Carroll MARYLAND STATE Maryland county							
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give pearest town)  (in this place)	nd give nearest town)						
X TOWN Rural - Sykesville since 5/11/55 TOWN Baltimore City							
HOSPITAL OR Springfield State Hospital STREET ADDRESS STREET ADDRESS 1610 N. Calvert St.							
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (	Day) (Year)						
OF DECEASED: (Type or Print) Harry Williams on EDSON DEATH: October	19 19 55						
5. SEX 6 COLOR OR 7. SINGLE, MARRIED. RACE: WIDOWED, DIVORCED, White (Specify): unknown white (S	Pays Hours Min.						
IDA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS   11. BUTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT COUNTRY S						
unknown William Edson unknown							
19. WAS DECEASED EVER IN U.S. ARMED FORCEST 19. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:							
(Yes, no, or unk.) (If Yes, give war or dates unknown   Records of Springfield State H	ospital						
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN						
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH						
IMMEDIATE CAUSE (A) Bronchopneumonia	2 days						
ANTECEDENT CAUSE (S)	more than						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) Generalized arteriosclerosis  DUE TO	5 months						
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE Senile brain disease more	than 5 mos.						
19a, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY!						
21a ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, or contributing Cause of Death Of Injury street, office bldg., etc. injury occur? (If Either, Notify Medical Examiner)	(State)						
OF INJURY  OF INJURY  M. 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work							
22. I hereby certify that I attended the deceased from Aug. 11, 19. 55to Oct. 191955, that I last	saw the deceased						
alive on Oct. 19, 1955, and that death occurred at 7:18PM, from the causes and on the date SIGNATURE	stated above.						
23. BURIAL, CREMATION. DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or	21-1955						
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY)	county) (State)						

alive on SIGNATURE 23. BURIAL, C REMOVAL Buritl

10/24/55 St. Peters DATE REC'D BY LOCAL DEGISTRAR 22. 1955 REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS



CERTIFICATE DEATH No. .... 2. USUAL RESIDENCE (HOME) OF DECEASED: MARYLAND STATE COUNTY LENGTH OF STAY CITY (If putside corporate limits write RURAL and give nearest town) TOWN -) MORE STREET (If fural, give location) ADDRESS (Middle) (Last) 4. DATE (Month) (Day) (Year) DEATH VANS 7. SINGLE, MARRIED 8. DATE OF 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED, Months Days Hours (Specify) Roma 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN\_NAME: WAS DECEASED EVER IN U.S. ARMED FORCES ! 16 SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH DUE TO

(b) ..... giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,

PRIMARY OF CONTRIBUTING CAUSE OF DEATH 21d. TIME (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED Not while INJURY at work

21f. HOW DID INJURY OCCUR?

21c. (City or town)

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and

find that death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause . SIGNATURE thelles

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. M. D.

- DATE SIGNED LOCATION (City, town, or county)

20. AUTOPSY? Yes 🔲 No 🗀

(State)

DATE REC'D BY LOCAL

23. BURIAL, CREMATION.

REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR CREMATORY

(County)

ADDRESS

SE PLE/

FOR



	日	CERTIFICATE OF DEATH Reg. Dist.	No.
1 1	ully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
5 <u>M</u>	carefull legibly.	COUNTY Carroll MARYLAND STATE Maryland COUNTY	
		CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  CITY(If outside corporate limits, write RURAL and on the corporate limits, write RURAL and corporate limits and corporate	d give
	tion	X Town Pural - Sykesville 6 Mos. 5 Days Town Baltimore	1
m	information clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital Street 931 East 41st Street	
	inf	3. NAME OF (First) (Middle) (Last)   4, DATE (Month) (De	HV)
	item of of of death	DECEASED: (Type or Print) RUBY B. GARDINER DEATH: 10 6	,
	m3	5 SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE OF BIRTH. 9 AGE last birthday if unper i ve	ARLIP
		Female White (Specify): Widowed 3/27/85 70 vrs.	ув Н
	every	10A USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS   11. BIRTHPLACE (State or foreign country): 12. C	
S. S.		even if retired; housewife Baltimore, Maryland	TNUO
	ply ne (	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
FOR BINDING	Supply te the c	James P. Wakeland Hannah S. McFadden	
<u>m</u>	. 12	18, WAS DECRASED EVER IN U.S. ASMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	
0.0	INK.	(Yes, no, or unk.) (If Yes, give war or dates of service)  Record, Springfield State Hosp	itai
	r IN		INTER
19	ING	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET
RESERVED	A	354×	را م
SE	UNFA	IMMEDIATE CAUSE (A) Uremia	da
<u> </u>	UNF	ANTECEDENT CAUSE (5)	Little
		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	
MARGIN	WITH it. Phy	STATING UNDERLYING CAUSE LAST	
<b>4</b> 4	nt.	(C)	
M.	INLY, mportan	other significant conditions contributing Chronic brain syndrome associated with	
	AINLY	DISEASE OR CONDITION CAUSING DEATH. CETEBRAL arteriosclerosis, with psychotic re	
1	AI	TON DATE OF OF ENATION	20.

otic reaction 21A ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) WRITE OR CONTRIBUTING TO CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)

While

21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

. P. OR

age

correct

TYPE

SE

PLEAS

M, from the causes and on the date stated above.
ADDRESS
DATE SIGNED and that death occurred at alive on SIGNATURE Sykesville, Maryland Maryland 10/6/55 LOCATION (City, town, or county) BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY

Not while r

REMOVAL (SPECIFY)

. 1955, that I last saw the deceased

RURAL and give nearest town)

(Year)

BETWEEN ONSET AND DEATH

12. CITIZEN OF COUNTRY? **IJSA** 

days

9 years?

20. AUTOPSY?

NO IX

(State)

(State)

A15.



PLEASE TYPE

A15 - 10 - 53

VS

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9620

CERTIFICATE OF DEATH

	The state of the s
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY CATTOLL MARYLAND	STATE Maryland county
CITY (If outside corporate limits, write RURAL LENGTH OF ST OR and give nearest town)	CITY(If outside corporate limits, write RURAL and give nearest town)
V PAKESATTIE ITAL PHO SC	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET (If rural give location) ADDRESS 27 6 Pelham Avenue
3. NAME OF (First) · (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) IDA ANTOINETTE.	GERNHART DEATH: October 28 1955
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8 D/	
female   White   Greatly Married   OA. USUAL OCCUPATION (Give kind of, 108. KIND OF BUSINESS	
work done during most of working life, oR INDUSTRY: even if retired SEAMSTRESS H.BERLIN OLOTHINGS	L COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Knorr	ANNA ERPENSTEIN,
S. WAR DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO (Yes, no, or unk.) (If Yes, give war or dates of service) A/A	Hospital records
N.U.	
18. MEDICAL CERTIFI [ DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CATION INTERVAL BETWEEN ONSET AND DEATH
44.42 X	
IMMEDIATE CAUSE (A) Uremia	two weeks
ANTECEDENT CAUSE (\$)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	Glomerulonephritis years
STATING UNDERLYING CAUSE LAST.	2 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(c) Hyperte TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CBS a	nsive cardiovascular disease years
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. BOLISM, gr	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERA	TION dis., with psychotic reaction. 20. AUTOPSY?
ZIA. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, DR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office b	factory, 21c. WHERE DID (City or town) (County) (State) idg., etc. INJURY OCCUR?
ZID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR OF INJURY M. at work at work	RED 21F. HOW DID INJURY OCCUR?
22 I hereby sertify that I attended the deserved from "	0-1- , 1955, to .10-28 , 1955, that I last saw the deceased
	at 8:22AM, from the causes and on the date stated above.
Wallet of Sommer fell to	M.D. Springfield State Hosp. 10-28-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CENTREMOVAL (SPECIFY)	METERY OR CREMATORY LOCATION (City, town, or county) (State
	eemer Cemetery Belair Rd.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS



9598

## CERTIFICATE OF DEATH

Reg. Dist. No. 26

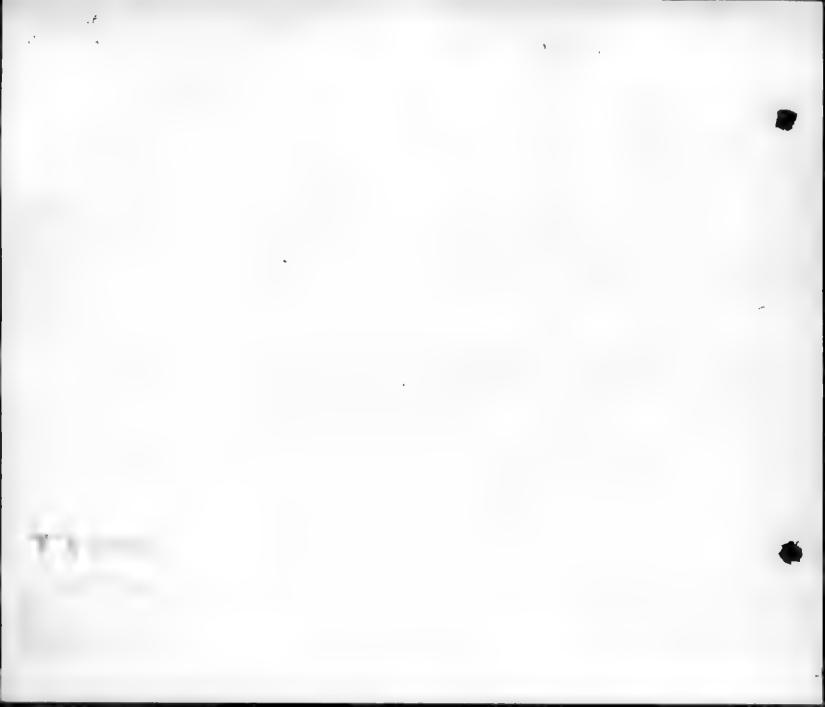
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	. 4
COUNTY Carroll MARYLAND	STATE M. COUN	Je arrall
CITY (If outside corporate limits, write RURAL LENGTH OF STA		
1 Town Wishminster 6 yr.	TOWN Westminster	27
HOSPITAL OR INSTITUTION OR 9 63 E. Main dr.	STREET (If rural give location	1
	065 (. Main	
3. NAME OF DECEASED: (First) (First) (Middle) (Type or Print) (FORCE LESTER	(Last) (DATE (Month) (DR)	(Year)
5. SEX:   S. COLOR OR   7. SINGLE, MARRIED,   8. DAT	E OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y	EAR IF UNDER 24 HRS.
M RACE: WIDOWED, DIVORCED, (Specify):	25-1887 68 yrs. Months Di	mys Hours Min.
10s. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS  // work done during most of working life, INDUSTRY:	OR   11. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT
(Even if retired): humer Plothing	m.d.	ν,5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME:	
15 WAS DECRASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.: 1	17. INFORMANT & ADDRESS:	(1, 1C
(Yes, no, or unk.) (If Yes, give war or dates of ) 3. 09 01 5	hm B Pa I TA B E	as I y -
18. MEDICAL CERTIFICA	TION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between
Immediate cause (a) Cardia	deconfensation	10 days
DUE TO		
Antecedent causes (s) Diseases ar conditions, if any, giving rise to the above cause  (b)	nonflower	3 years
stating the underlying cause last. DUE TO		
(e)		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY ?
A COMPANY		Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE HOMICIDE HOMICIDE	(CITY OR TOWN) (COUNTY) (S	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At Work		-
22. I hereby certify that I attended the deceased from Off	4,195 4, to	saw the deceased
alive on O. O. 1. 193, and that death occurred at		stated above.
Julius Cheroka Na (	308 Dreen, Westmuster Mid	10/11/55
BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	1, -1, 2	unty) (State)
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE	124 FUNERAU DIRECTOR	ADDRESS
RECISTRAR	ok and and of en 1/2 sotment in	m. A.

VS. A15

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PLEASE WRITE PLAINLY, WITH

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MARGIN RESERVED FOR BINDING	ILY, WITH UNFADING INK. Suppl
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	OR
- 10 - 53	TYPE
. A15	PLEASE TYPE OR WRITE PLAINI
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MARYLAND S	TATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	09626
9622			st. No. 74
I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
COUNTY Carroll CITY (If outside corporate limits, write OR and give nearest town) Y TOWN Rural - Sykesville	(in this place)	TOWN Brunswick /	and give nearest town
HOSPITAL OR  STREET ADDRESS Springfield	l State Hospital	ADDRESS 3 West "C" Stre	
3. NAME OF (First) DECEASED: (Type or Print) Charles	(Middle) Henry	(Last) 4. DATE (Month) OF DEATH: October	
male white Specific Color on 7. SINGLE WIDOV	dower   Octobe	of BIRTH: 19 AGE last birthday Is under 11, 1855 100 yrs. Months 11. BIRTHPLACE (State or foreign country): 12	Days Hours Mln.
10A USUAL OCCUPATION (Give kind of 1 work done during most of working life, even if retired) unknown	OR INDUSTRY:	Maryland	country; nited States
13. father's name: unknown		14. MOTHER'S MAIDEN NAME: unknown	
(Yes, no, or unk.) (If Yes, give war or dates unknown		Records of Springfield State	Hospital
I DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CERTIFICATE LEADING TO DEATH	TION	INTERVAL BETWEE
MMEDIATE CAUSE	(A) Bronchopneu	monia	2 days
ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO	arteriosclerosis	2 yrs.
II OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING	THE Senile br	ain disease	about 2 yrs.
19a. DATE OF OPERATION   19a. MAJO	FINDINGS OF OPERATIO	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY WEDICAL EXAMINER)	IB. PLACE (Home, farm, fac OF INJURY street, office bldg.	ctory, 21c. WHERE DID (City or town) (Cou	nty) (State)
OF INJURY M.	While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
alive on Oct. 24 , 19 55, ar	nd that death occurred at		
23. BURIAL, CREMATION, DATE THERE REMOVAL (SPECIFY)  DATE REC'D BY LOCAL REGISTRAR	55 Park s signature	ERY OR OREMANDAY LOCATION (City, town, Stringers)  24. FUNERAL DIRECTOR	ADDRESS



SE

E

COUNTY

HOSPITAL OR

(Type or Print)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

alive on

BURIAL, CREMATION

SIGNATURE

TOWN

3. NAME OF

DECEASED

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9623 CERTIFICATE OF 1. PLACE OF DEATH. LENGTH OF STAY CITY (If outside corporate limits, write RURAL) (in this place) Kesville INSTITUTION OR (Middle) COLOR OR SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify). Widow 10A USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS work done during most of working life. OR INDUSTRY: even if retired): Housekee 13. FATHER'S NAME unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 198. MAJOR FINDINGS OF OPERATION 19A DATE OF OPERATION: 21a. ACCIDENT WAS UNDERLYING 1 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.

21E INJURY OCCURRED

Not while

at work

While

at work

SIGNATURE

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED CITY(If outside corporate limits, write RURAL and give nearest OR TOWN STREET ADDRESS (Month) DATE DEATH: BIRTH OF CITIZEN OF ONSET AND DEATH CBS associated with arterioads 20. AUTOPSY? 21c. WHERE DID (City or town) (County) (State) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from /0 - //, 1955 to /0 -22, 1855 that I last saw the deceased and that death occurred a 10:35 M, Mm the causes and on the date stated above. ADDRESS DATE SIGNED NAME OF CEMETERY OR CREMATORY LOCATION (City, fown, or county)



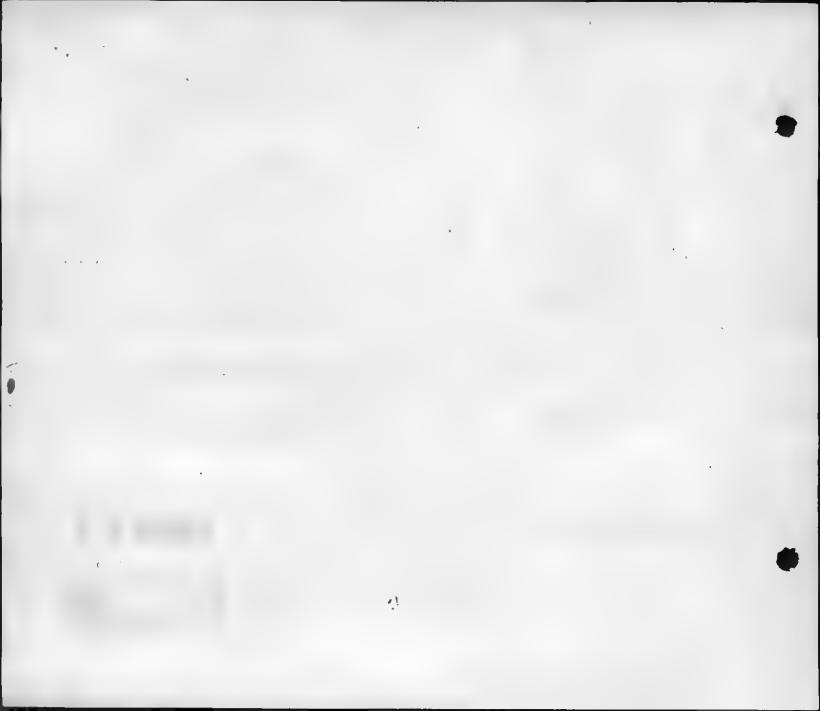
OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully! The

TYPE

PLEASE

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTI	MORE,	18	nge	12
9624		RTIFICATE					t. No.	1

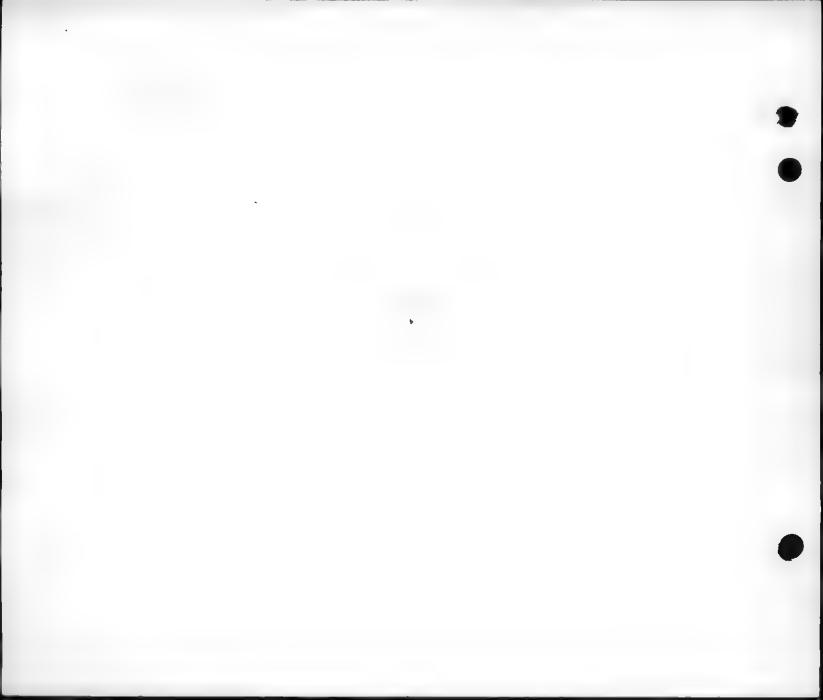
oly.	1 PLACE OF DEATH	2 USUAL RESIDENCE (HOME) OF DECEASE	D:
e causes of death clearly and legibly	DECEASED: (Type or Print) NELSON CROMWELL	HAM OF DEATH: /O OF BIRTH 9. AGE last birthday if under	and give nearest town)  3 V 0 1 - 4-  (Day) (Year)  12 19 55  YEAR IF UNDER 24 MRS.  Hours Min.
the			2
se write	William Henry Ham  IS WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no. or unk.) (If Yes, kive war or dates  Yes of service)  10. BOCIAL SECURITY NO.	Maude Elizabeth 17. INFORMANT & ADDRESS. Hospital records	
please	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN
	F " C + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +	- renal syndrome	SUCTEL MEN
เลา	ANTECEDENT CAUSE (8) DUE TO	. 1	7
Physicians	DISEASES OR CONDITIONS, IF ANY, (B) MUCH V	Wors	not know
	STATING UNDERLYING CAUSE LAST.  (C)	ic Alcoholism	Ylks."
important.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CBS assorting to the DISEASE OR CONDITION CAUSING DEATH. Cation, with	ociated with alcohol intoxi- psychotic reaction.	Years
y imj	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N .	20. AUTOPSYT
especiall	21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		nty) (State)
is es	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While M. at work at work	21F. HOW DID INJURY OCCURT	
age	22. I hereby certify that I attended the deceased from 9-2. alive on 10/12/, 1955, and that death occurred at		
orrect	Welther H. Jonney flat.	Address DA Lo. Springfield State Hospital	16 13-55
ΰ	23. BURIAL, CREMATION, DATE THEREOF NAME OF GEMETE  REMOVAL (SPECIFY)  10-17-55  Catalun  10-17-55	LOCATION (Cit), town, of	(State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24 FUNERAL DIRECTOR	ADDRESS



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4	correct	9597 CERTIFICATE OF DEATH Reg. Dist.	19628						
~	1	1. PLACE OF DEATH:    2. USUAL RESIDENCE (HOME) OF DECEASED:							
1	The	COUNTY Carried MARYLAND STATE THAT COUNTY less							
	P. P.	CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	give pearest town)						
本限	etully. Ingibly	27 TOWN Washington 8 yr. OR TOWN Washington	£ 7						
	and l	HOSPITAL OR STREET (If rural, give location)	4 /						
	n n	of street address 10 auta Drue Address 10 anta Dr	wa-						
	atic	S. NAME OF (First) (Middle) (Last) .   4. DATE (Month) (Day DECEASED: OF	(Year)						
	ale .	(Type or Print) / ARGARET MERRITT TAMILL DEATH: Cletater	14 19 55-						
	of information demth memrly	5. SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: 15 UNDER I Months I	YEAR IF UNDER 24 Has.						
	del	female   white   (Specify): married   Jan. 12, 1911   1/1 yrs.   10n. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR   11. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT						
Č	ery item o	work done during most of working life, INDUSTRY:	COUNTRY?						
DI	tt.	even if retired): at home  Baltimore, Maryland  13. FATHER'S NAME:	USA						
BINDING	e l	Ethington Merritt Annie Pohler							
	th	15. Was Decrased Ever In U.S. Armed Forces 7 16. Social Security No.:   17. INFORMANT & ADDRESS:							
FO	lde ite	(Yes, no, or unk.) (If Yes, give war or dates of scrvice) Mr. Leslie W. Hamill, 10 Anite Dr	. Westminster						
E-1	Suppl	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN						
SV.	IK.	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
G G	plase	Immediate cause (a) Laternous lowry.	2-years						
	NG ns:	Anteredent cause(s)	,						
Z	ADI ejaj	Diseases or conditions, if any. (b)	p (2)						
RGIN RESERVED	UNFADING Physicians: p	giving rise to the above cause DUE TO stating underlying cause last							
	5ª	II. OTHER SIGNIFICANT CONDITIONS:							
T	ant .	Conditions contributing to the death but not related to the disease or condition causing death.							
· · · · · ·	WI	199. DATE OF OPERATION: 196. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?						
	Y, imp		Yes No STATE)						
	FLAINLY, WITH esameially important.	SUICIDE OF office bldg., etc.) HOMICIDE INJURY							
	leia eia	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?  OF While at Not while							
	Id S	INJURY M. work at work							
	E .S	22. I hereby certify that I attended the deceased from 1953, to 121, 4, 1955, that I last so alive on 122, 3, 1955, and that death occurred at 3, 6, m, from the causes and on the date	aw the deceased						
-	WRI agm	SIGNATURE (DEGREE OR TITLE) ADDRESS	DATE SICNED						
10-	E	James J. March M.D. Willmuster Mr	Oct 14-1955						
10	AS	73. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or co							
A15	PLE	REMOVAL (Specify): Oct. 18,1955 Woodlawn Cemetery Baltimore, M. Burial DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS						
S	LT4	Leonard J. Ruck, 5305 Harford	Road #14						
*									

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



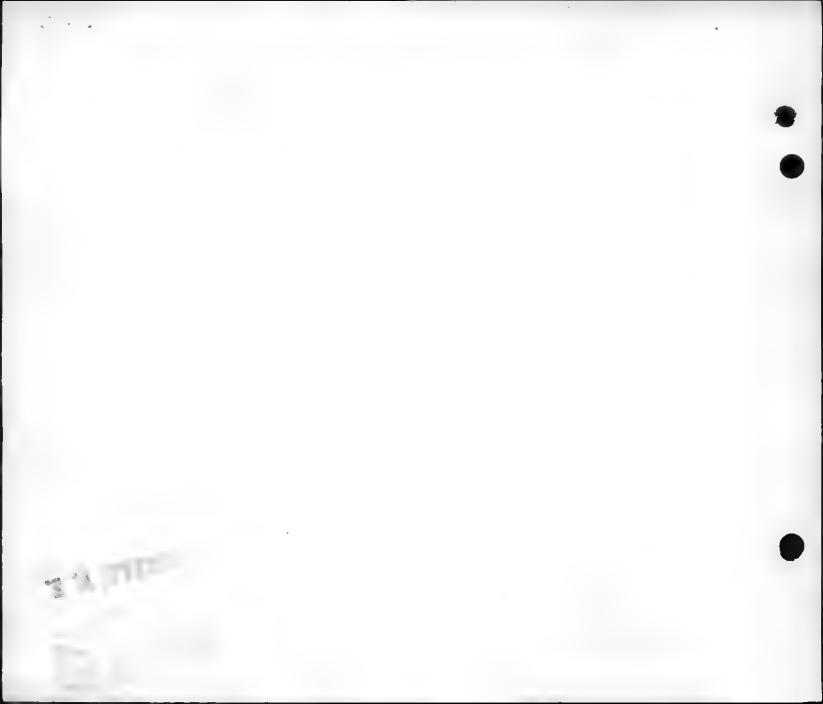
	9675	CIEI	RTLFIC	CATE	OF D	EAT	H	Ī	Reg. Dis	t. No.	
I. PLACE OF	DEATH:			Ī	2. USUAL RE	ESIDENCE	Е (НОМЕ)	OF DEC	EASED:		
COUNTY	Carroll		MARYLA	ND	STATE	Mary.			COU		
CITY (If o	utside corporate limi give nearest town) Henryton	ts, write RURAL		F STAY	OR TOWN		imore			and give nearest	town)
INSTITUTI STREET A	ON OR	ton, Maryl	and		STREET	551	Orchar		ive location	n)	٧.,
3. NAME OF DECEASED: (Type or Pri			iddle) <b>P.</b>	Ha	Last) Arris		DATE OF DEATH:		- 4	- 19 <u>55</u>	24 2204
Female	6. COLOR OR RACE: Negro		vorced,	8-9	9-1900		5	5 yrs.	Months J	YEAR IF UNDER 2	Mın.
work done even If ret	Dome b.o.	ng life, INI	or Busi Sustry: rivate	Home	Anne	Arund	el Cou			CITIZEN OF COUNTRY?	
13. FATHER'S					4. MOTHER'S						
se way	Fletche	er Tyler	A Cardinama	No. I IZ	NEORMANT	????	Park	er			
(Yes, no, or unk	(If Yes, give war of service)	r dates of			Daisy			- 551	Orcha	rd Street	,
	OR CONDITIONS I		DICAL CER		N					Interval Onset An	
O O S Immedia	X te cause	(a) Far	advance ith cav	d bilation	teral pul	monar	y .tube	rculo	sis		
Diseases e	ent causes (s) r conditions, if any to the above cause underlying cause la	(0)	diovasc	ular d	isease						••
		(e)					<del></del>			1	
Conditions	GNIFICANT CONDITIONS to the d	eath but not									
19a. DATE OF	he disease or condition OPERATION:   19b	MAJOR FINDIN	GS OF OPE	RATION						20. AUTO	PSY ?
										Yes 🗆 1	No 🔲
21. ACCIDENT SUICIDE HOMICIDE	, , , , , ,	PLACE (Hom OF office INJURY	e, farm, fact bldg., etc.)	ory, street,	(CITY OR			(COUNT	Y)	(STATE)	
OF INJURY	th) (Day) (Year)	m. White	☐ At V	While Vork 🗀	HOW DID I					was dir	_
22. I hereby	certify that I at	tended the dece	ased from	9-29-	.,19 <b>55</b> , to	10-4	μ- , 1	955 , t	hat I las	st saw the de	ceased
	10-4-135	5., and that de					he causes		the dat		
T2 T2 T 2 O 1 F A 1	CREMATION, DAT				Y OR CREMA		295			county) (St	ate)
LAIL REC	BY LOCAL REC	ISTRAR'S SIGNA	TURE	2	4. FUNERAL	DIRECT	OR	Clara and		ADDRESS	

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK, Supply every item of

MARGIN RESERVED FOR BINDING

correct



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0 4

LE

ADDRESS DATE SIGNED 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) WOFM MEDICAL SCHOOL 29 S GREEN DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1800 E LONBARD ST

(Day)

(Year)

1955

Hours

COUNTRY? A

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

NO

(State)

YES.

.1 (1 )

MARKET ....

the registrar within 12 haurs after death. After this in by the funeral director, the third comy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and commentally filled death mertificate assembly allowed be deficient for as a man benefit permit.

VS A15C 1-55 10M

hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9527 CERTIFICATE OF DEATH

09632

Reg.	Dist.	No.	* 1		74
DECE	ASED	****	-	-	

1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DECEASED	
COUNTY Carroll	MARYLAND	STATE Maryla	nd county	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neerast lown) (in this place)		CITY (If outside corporate limits, write RURAL and give pearest town)		
X TOWN Henryton	16 days	TOWN Baltin	ore	34 11 A
HOSPITAL OR		STREET ADDRESS	(If rural give location)	
O'STREET ADDRESS Henryton State	Hospital		resstman Street	**************************************
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Mabel	Ja	ckson	DEATH 10	29 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARR RACE WIDOWED, DI	NED, 8. DATE (	OF BIRTH 9.	AGE last birthday   IF UNDER	
Female Colored (Specify) Ma:	rried 12-	17-04	50 yrs. Months	Days Hours Min.
	NO OF BUSINESS	11. BIRTHPLACE (State or foreign	country) 12.	CITIZEN OF WHAT
retired) Domestic	K INDUSIKI	Emporia, Va.		COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Junius Wyche		Della Caine		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT & AD		
(Yes, no, or unk.) (If Yes, give wer or dates of service)	None	De cea sed		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE			INTERVAL BETWEEN
	se Miliary Tul	oomanlasis		ONSET AND DEATH
Dut To	Se nilitary tu	er caros rs		
DISEASES OF CONDITIONS IS ANY IN CAT	diac Insuffici	iency		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
(C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
190, DATE OF OPERATION 196, MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Hom	ne. ferm factory	21c. WHERE DID INJURY OCCUR?	City or bound	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	office bidg., atc.)	zic. With DD HOOK! OCCUR!	(City or lown) (Count	(Stata)
Wh		21/. HOW DID INJURY OCCUR?		
	rork 🗀 at work 🔠	0 ** 0 .		
22. I hereby certify that I attended the dece	ased from UCT . 1	3 19 55 10 Uct.	29, 19	last saw the deceased
alive on Oct . 29 , 19 55 , and	I that death occurred at	10.00PaM, from the car	uses and on the date stated	
SIGNATURE TINOS	MM		ESS (Sireet, city, town, state)	DATE BIGNED
23. BURIAL, CREMATION, DATE THEREOF	M.D.	Henryt	on, Md.	10-29-55
REMOVAL (SPECIFY)	mat Call	TINL	LOCATION (City, town, or county)	(Stete)
Buriel  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1	25 FUNERAL DIRECTOR'S SI	GNATURE /	ADDRESS
DATE 10-29-55 albut R. x	Swanschaus	Liouse &	Kelam 3 4	to chart
				LAT PUDLAN III



MARGIN RESERVED FOR BINDING

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09634 9528

CERTIFICATE OF DEATH

	A OF DESERVE Reg. DE	St. No.	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEAS	ED:	
COUNTY CATTOLL MARYLAND	state "arriland county b		
CITY (if outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town)	
OR and give nearest town) (in this place)	OR		
X TOWN Rural - Sykesville   SY 3M 27 D	STREET (If rural give location	ZVE / H	
INSTITUTION OR	ADDRESS (If rural give location	n)	
STREET ADDRESS Springfield State Hospital	1316 Glyndon Avenue	V	
	(Last) 4. DATE (Month)	(Day) (Year)	
DECEASED: (Type or Print) TRVIN JOHN	KN/PP DEATH 10	12 1955	
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8 DATE		YEAR IF UNDER ME HEE.	
Male White (Specify): cingle 7	/30/01   54 yts	Days Hours Min.	
IOA USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12		
even if retired): Salesman Broom shop	Baltimore, Maryland	USA	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
Franklin Benjamin Knapp	Catherine Easter		
15. WAR DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates Unknowled service)	Record, Springfield Chate	Hospital	
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
450,1			
IMMEDIATE CAUSE (A) Gangrene of )	potn legs	Lyear	
ANTECEDENT CAUSE (B)			
GIVING RISE TO THE ABOVE CAUSE  ON ATTORIOSCIE  ON ATTORIOSCI  ON ATTORIOSCIE  ON ATTORIOSCIE  ON ATTORIOSCIE  ON ATTORIOSCIE	<u>rosis</u>	5 years	
STATING UNDERLYING CAUSE LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	sis with mental deficiency	Psychosis=5 Y	
DISEASE OR CONDITION CAUSING DEATH.		M. D life	
194 DATE OF OPERATION. 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
		YES NO K	
21A ACCIDENT WAS UNDERLY NG 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH) OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory 21c WHERE DID (City or town) (Couetc., INJURY OCCUR?	nty) (State)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 10/2	, 1954 to 10/12 , 1955, that I la	at somethis decreed	
	EDI		
alive on 10/12, 19 55, and that death occurred at 7:05 AM, from the causes and on the date stated above.  ADDRESS  DATE SIGNED			
William of John Millie allen Mensykesville May 1202 J. C10/12/55 2.			
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION 4 (Tr. fown, or county (Shorte)			
Burial 10-15-55 William. (004 MC 131751. Taul S1.			
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	



DATE REC'D

REGISTRAR

BY LOCAL

Days | Hours | (State or foreign country): |12, CITIZEN OF WHAT United States Records of Springfield State Hospital INTERVAL BETWEEN ONSET AND DEATH 4 days than 3 yrs. - more more than 20. AUTOPSYT но рс (County) (State) LOCATION (City, town, or county) ADDRESS

(Day)



# MARGIN RESERVED FOR BINDING

PLEASE TYPE

VS. A15 - 10 - 53

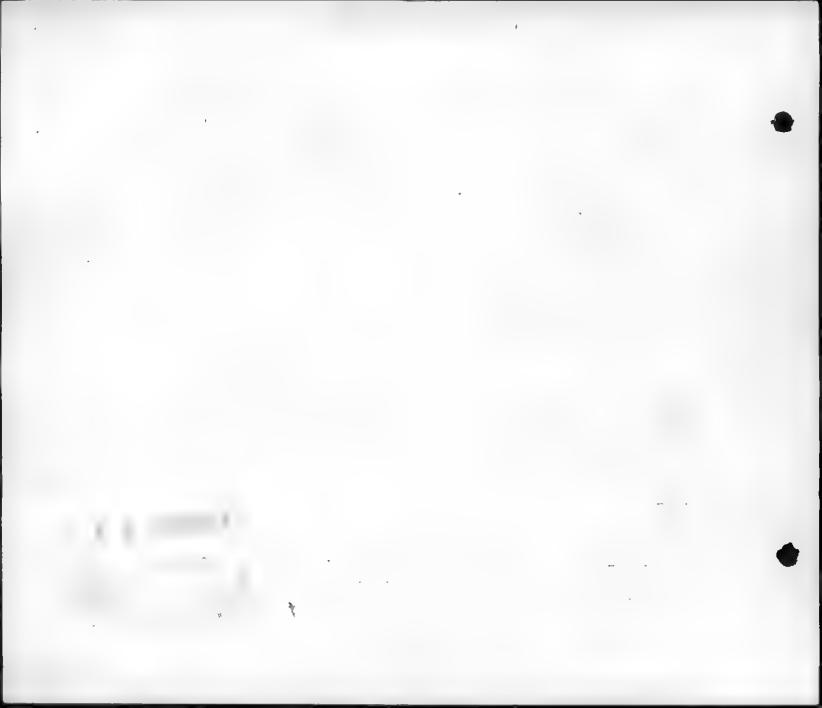
# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

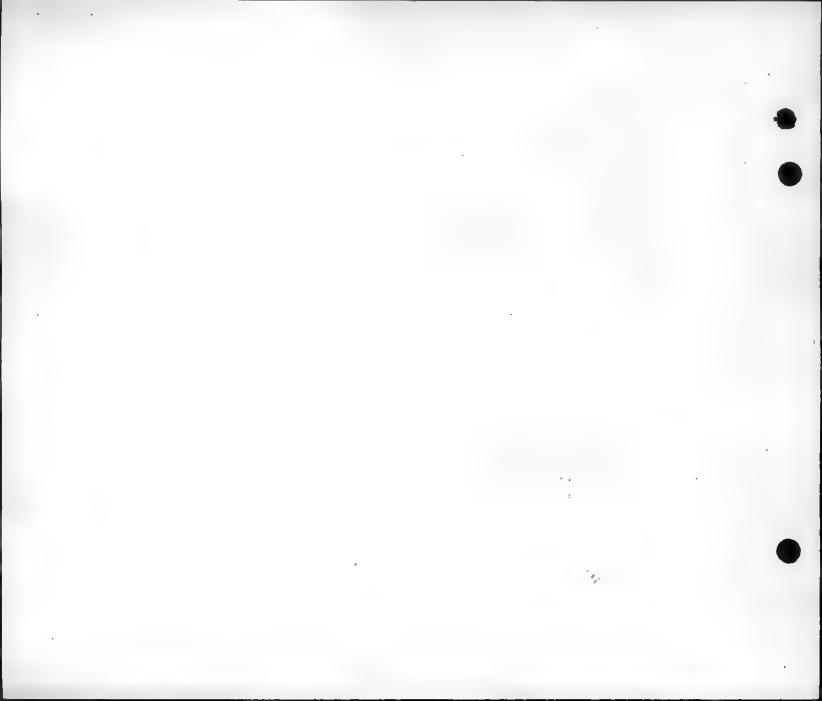
9630

## CERTIFICATE OF DEATH

0000		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
county Carroll Maryland	STATE Maryland COUNTY Paltim	ore Sity
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL as	nd give nearest town)
OR and give nearest town) (in this place)  TOWN Cybe Sville 23Y 6M ID	TOWN Beltimore 11	3101-4
HOSPITAL OR	STREET (If rural give location)	
/5 STREET ADDRESS Springfield State Mospital	ADDRESS 3007 (verland 'venue	/
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4-4	(Year)
(Type or Print) Faulling Do Roll	DEATH: 10 2	2 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED. (Specify): Widowed 9 -		Bys Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12.	
work done during most of working life, even if retired): housewife		COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	*D 41 4
	Manua Daalaan Endamen	
Joseph Broghamer  18. WAS DECEASED EVER IN U.S. ARMED FORCES:   18. SOCIAL SECURITY NO.	Mary Becker Inderman	
(Yes, no, or unk.) (If Yes, give war or dates		
unk of service) unk	Hospital Records	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ion	ONSET AND DEATH
904.7	ue to decubitus ulcers	Weeks
DUE TO		FIGURE .
DISEASES OR CONDITIONS, IF ANY. (B) Subcapital f	fracture of femur	L months
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	Pacture of temur	A BORGIS
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Schinopt TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	arenia Paranoid Type	23 years
19A, DATE OF OPERATION:   19B, MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
6-30-55 Sutabital fracture of fem	mum Woll-log enlist	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	Dykerville Cam	, , , , , , , , , , , , , , , , , , , ,
OF INJURY OCCURRED While Not while at work at work		r
22. I hereby certify that I attended the deceased from 4-71:	55, 19 , to ]0-22- , 1955, that I last	saw the deceased
alive on 10-22/), 155, and that death occurred at	4:55 PM, from the causes and on the date s	
Educed Lusthans	D. D. Springfield State Hospital 1	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) 10 21 17 Tarkey	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE		ADDRESS

C. Harry Week





# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# 9631 CERTIFICATE OF DEATH

Reg. Dist. No. 74

		VIII OI DAIRIE AND NOO, DAIR	
	illy y.	1. PLACE OF DEATH: SUBJECT VICE   2. USUAL RESIDENCE (HOME) OF DECEASE	D:
-13/	carefully legibly.	COUNTY CATTELL MARYLAND STATE Med. COUNTY WE	slynotor
25		CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL)	and give negrest town)
	rion and	Y TOWN Charles Town Williams you	21X-2
	nat ly	HOSPITAL OR SANDO ON CALL A MAN STREET ADDRESS (If rural give location	)
	forr	15 STREET ADDRESS KTUPHELY SLOTE MS/LET	· · · · · · · · · · · · · · · · · · ·
	m of informa death clearly	OF IN	(Day) (Year)
	n of	(Type or Print) John MICAGE LISTRY DEATH	23 1955-
	ite	Male RACE: 12 WIDOWED. DIVORCED. 4/2/83 72 yrs. Months	Days   Hours   Min.
51		10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS   11. BIRTHPLACE (State or foreign country): 12. work done during most of working life. even if retired): 10 m / Calculations	COUNTRY?
i	ply he	13. EATHER'S NAME:	
BINDIN	Supply te the c	Kokert Chilor Liskey Ida C. Brown	
	K. S	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS	
(Yes, no or unk.) (If Yes, give war or dates 214-09-4532 Hospital Records			
		18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
AE.	ADING s: ples		1/000
E S	[FA]	IMMEDIATE CAUSE (A) Chrome-valvular disease	Y CONS
RESERVED	UNF	ANTECEDENT CAUSE (8) DUE TO ( QOFTIC Valve Stehos/S)	VODA
ARGIN B	ITH ( Physi	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	1 Cars
RG	W.I	(C)	
MA	PLAINLY, W	TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING S. B.S. Typich & To-Men ugo en il- TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Years
	N G	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	7	, and	YES NO
		21a. ACCIDENT WAS UNDERLYING ☐ 21a. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  (Court of the control	nty) (State)
	> m	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 21F. HOW DID INJURY OCCUR?	
1	OR is	22. I hereby certify that I attended the deceased from 3 /2, 1955, to /9/23, 1955, that I las	st saw the deceased
23		alive on 10/23, 1955, and that death occurred at 905 P.M. from the causes and on the date	stated above.
9-6	FYPE ect ag	SIGNATURE POSTONICE ALL CONTROL (4.1) ADDRESS	ATE SIGNED

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PLEASE



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		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	09639
1	The	9532 CERTIFICATE OF DEATH Reg. Dist.	No. 74
*	item of information carefully of death clearly and legibly.	1. PLACE OF DEATH:  RURALSykesville, Maryland  COUNTY  CITY (If outside corporate limits, write RURAL OR and give nearest town)  HOSPITAL OR  INSTITUTION OR  STREET ADDRESS Springfield State Hospital  2. USUAL RESIDENCE (HOME) OF DECEASED  STATE COUNTY  CITY(If outside corporate limits, write RURAL a OR TOWN Rural: Sandy Spring, Maryland County Count	ind give nearest town)
	inf h cl	DECEASED	Day) (Year)
	n of leat	(Type or Print) Bessie Bruce Lockyer DEATH: 10  5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE OF BIRTH:   9. AGE last birthday   17 UNDER 1 Y	19 19 55
	ite	DAGE NUMBER DIVORGED	ays Hours Min.
5 Z	r every		CITIZEN OF WHAT
III	pply the	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
BINDING		Charles Bruce Mary Boyer	
FOR I	INK. Su se write	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:  (Yes, no, or junk.) (If Yes, give war or dates of service)  (Yes, no, or junk.) (If Yes, give war or dates of service)	
	G G	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
RESERVED	ADIN s: pl	o 2.3 X	
SE	FA	IMMEDIATE CAUSE (A) Myocardial Insufficiency DUE TO	days
N N	UNF	ANTECEDENT CAUSE (6)	vears
MARGIN	WITH UNFA	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST	vears
AR	W int.	(c) Systemic syphilis  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic brain syndrome associated with	D
M	MINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. arteriosclerosis, with psychotic reaction	years
	AINLY	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
_	7		YES NO
	WRITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	(State)
	S	OF INJURY   (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?   While   Not while   at work   at work	
	O. Se	22. I hereby certify that I attended the deceased from 9-14, 1955, to 10-19, 1955, that I last	
0 - 53	교 때	alive on 10-19, 19 55, and that death occurred at 2:20 M, from the causes and on the date signature formule (4: 10-2), (4(.))	stated above. re signed
10	_	Contrudo M Gross M D M.D. Springfield State Hospital 1 23. BURIAL, CREMATION, DAYE THEREOF NAME OF CEMETERY OR CREMATORY, LOCATION, ICEN. 10000, or	0-10-1955 county) (State)
A15	PLEASE	REMOVAL (SPECIFY)	and.
VS.	PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  REGISTRAR  1955	ADDRESS



REGISTRAR



# 9634 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

RQ9641

MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	No. 82-83
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Carroll MARYLAND	STATE Md. COUNTY Frederic	ck
CITY (If outside corporate limits, write RURAL OR and give nearest town)  Mt. Airy  LENGTH OF STAY  (in this place)  yrs.	CITY (If outside corporate limits write RURAL and OR TOWN Mt. Airy	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS Hill St.	V
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day	') (Year)
	MERRICK DEATH 10/18/	19 55
Female White Widowed   12-	23-1890 1 07 yrs.	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) housewife OWN home	OR 11. BIRTHPLACE (State or foreign country): 12.  Maryland	COUNTRY!
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Rickard Evans	Elizabeth Ross	
16. WAS DECEASED EVER IN U.S. ARMED FORCES 7 (Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No.:	Mrs. Nicholas Knott, Hillsb	oro,Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:    Solution	y of chest with rupture of	ONSET AND DEATH
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)		
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
21s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., et INJURY	c., Carroll	(State) Md.
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work at work	211. How DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described		
find that death resulted from: Natural causes [], Acc	ident [x, Suicide [], Homicide [], Undete  CHIEF MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  ASSISTANT MEDICAL EXAM.	rmined cause D DATE SIGNED 10/18/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE 10-21-1955 Green		M 4 M
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-11-66 Nochet TV About TI	C. M. Waltz, Winfield,	IVIU .

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VS. A15-10-53

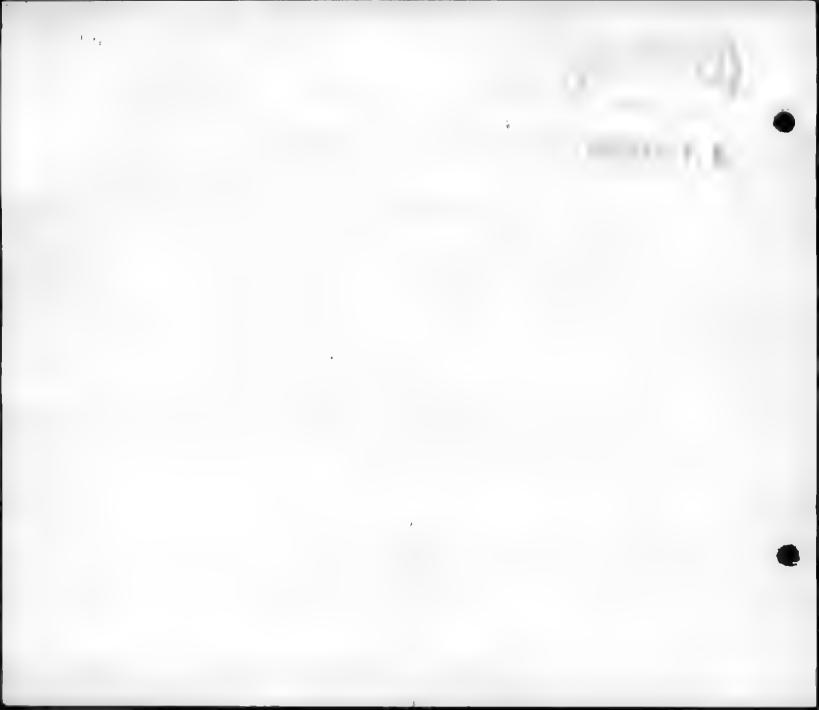
7. Th		9635	CERTIFICATI	E OF DEATH	Reg. Dist. No. 74
I, WITH UNFADING INK. Sapply every item at information carefully. tant. Physicians: please write the causes of death clearly and legibly.	OR and five ne town hospital or institution or institution or Street address.  3. NAME OF DECEASED (Type or Print)  5. SEX. 6. CO RA MALO CCUPA work done during meven if retired:  13. FATHER'S NAME  13. FATHER'S NAME  15. WAS DECEASED EVER (Yes, no, or unit) (If the continuation of the	COUSE CAUSE LAST.	MARYLAND RURAL LENGTH OF STAY (in this place)  (Middle)  (Middle)  E. MARRIED. WED. DIVORCED. WED. DIVORCED. WED. DIVORCED. OR INDUSTRY:  16 SECURITY NO.  18. MEDICAL SECURITY NO.  18. MEDICAL CERTIFICAT Y LEADING TO DEATH  (A)  DUE TO  (B)  DUE TO  (C)  CONTRIBUTING	2. USUAL RESIDENCE (HO)  STATE  CITY(If outside corporate lir OR TOWN  HARE'S  STREET ADDRESS  4. DA OF DE BIRTHPLACE (State of for NATE ANDONESS  11. BIRTHPLACE (State of for NATE ANDONESS  14. MOTHER'S MAIDEN NAM NATE AND NAM  17. INFORMANT & ADDRESS  17. INFORMANT & ADDRESS	me) OF DECEASED:  COUNTY What with and give nearest town)  LO M 2 21-03-20  Tural give location)  May Ave 1 1955  birthday: If ONDER I YEAR! IF ONDER 24 MRS.  2 Months Days Hours Min.  YES.  WHAT  COUNTRY?  ME:  COLORO  INTERVAL BETWEEN ONSET AND DEATH  17 Mays 4-
PLAINLY, Wally important.	19A. DATE OF OPERA	UNDERLYING []	R FINDINGS OF OPERATIO	tory. 21c WHERE DID (City o	20. AUTOPSY? YES NO (County) (State)
NRITE PI	OR CONTRIBUTING CIF EITHER, NOTIFY MED 21D TIME (Month) (I	CAUSE OF DEATH	OF INJURY street, office bldg.,  2)E INJURY OCCURRET While Not while at work at work	etc. INJURY OCCUR? MAY	informy hipocratical.
PLEASE TYPE OR correct age is	22. I hereby certify alive on SIGNATURE NAUTHAN 23. BURIAL, CREMA REMOVAL, (SPECI	AMMUSINATION. DATE THER	55 NAME OF CEMET	A M, from the causes : ADDRESS .D. SPM1 4411 A JAN	and on the date stated above.  DATE SIGNED  ION ((115, town, or county)  ADDRESS  ADDRESS  The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cerract mgm is magnetally Important. Physicians: please write the causes of death clearly and legibly.

MARYLAND	STATE	DEPARTMENT	<b>OF</b>	HEALTH—BALTIMORE,	18	09643
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9636 CERTIFICATI	E OF DEATH Reg.	Dist. No. 75
COUNTY COUNTY MARYLAND  CITY (If outside corporate limits, write RURAL OR applying nearest town)  Y TOWN. HOSPITAL OR INSTITUTION OR POSTREET ADDRESS ORG VICEN MUST MUST MUST MUST MUST MUST MUST MUST	2. USUAL RESIDENCE (HOME) OF DECE STATE COUNTY STATE CITY/If outside corporate limita, write RUR OR TOWN STREET ADDRESS (If rural give loca	AL and give nearest town)
3. NAME OF DECEASED: DECEASED: (Type or Print)  5. SEX  G. COLOR OR 7. SINGLE. MARRIED. RACE: (Special Color of	OF BIRTH: 9. AGE last birthday 15, UNO 22. 1888 67 yrs. Month  II. BIRTHPLACE (State or foreign country):  Marylend	
13. SATHER'S NAME:  JULIU W Bockly  15. WAS DECEASED EVER IN U.S. ARMED FORCES:  (Yes, no, or unk.) (If Yes, give 787-107 dates of service)  15. WAS DECEASED EVER IN U.S. ARMED FORCES:  (Yes, no, or unk.) (If Yes, give 787-107 dates of service)	14. MOTHER'S MAJOEN NAME:  Mary E. Rulle  17. INFORMANT & ADDRESS:  N Nay Evy 4214 Hack	eon
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  DISEASES OR CONDITIONS, IF ANY, DUE TO  DUE TO	tie gangrene leg	INTERVAL BETWEEN ONSET AND DEATH
STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, factor contributing   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED (CONTRIBUTION)   21E INJURY (C	etc. INJURY OCCURT	County) (State)
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	7P. M, from the causes and on the de ADDRESS	DATE SIGNED/
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR OCT 15-55 HUS-WEST-Derme	Edil Tyton Hu	uprised hid



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Supply every item of information carefully.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0637	CERTIFICATI	OF	DEATH

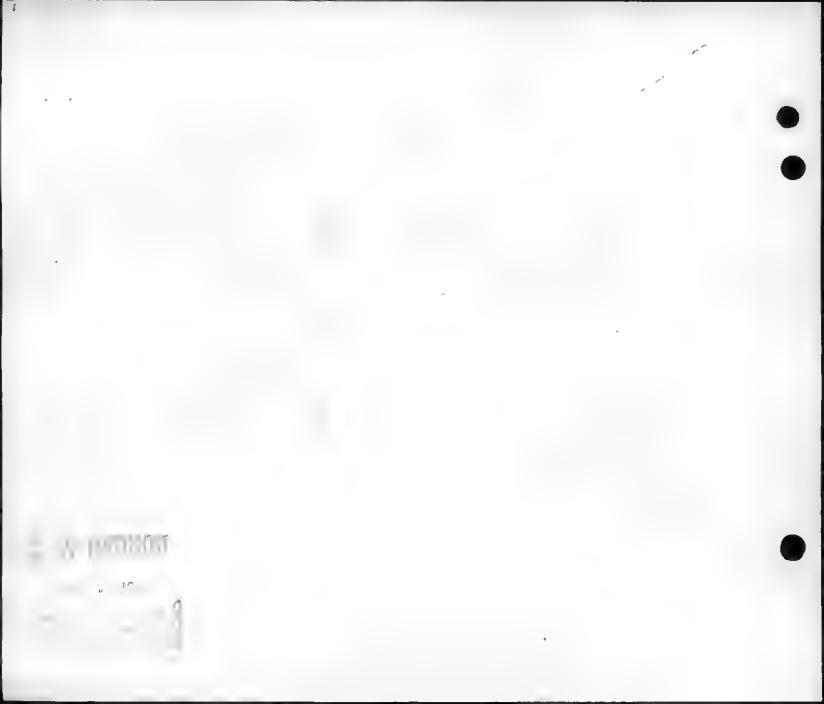
09644

	9637	CERTIFICATI	OF DEAL	L.II. Keg. I	Dist. No.	J
5	1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED:	
870	COUNTY Carroll	MARYLAND	STATE MOLTY	Land COUNTY Pal	timore Ci	tv
1 Te	CITY (If outside corporate limits, write R)		CITY(If outside	corporate iimits, write RUR	AL and give nes	rest town)
and legibly	X OR and give nearest town) TOWN VESVILLE	4y-71m-7d	TOWN Beltj	imore 6, Md.	03	3× - 5
7	HOSPITAL OR		STREET ADDRESS	(If rural give locat	tion)	
death clearly	/5 STREET ADDRESS Springfield St	tate Hospital	6011	Shady Lane,		
C C	3. NAME OF (First) DECEASED:		(Last)	4. DATE (Month)		Year)
eat	(Type or Print) Face ALLER		herer	DEATH: 10		<u>955</u>
OI	5. SEX: 6. COLOR OR 7. SINGLE, WIDOWE (Specify):	D. DIVORCED.	of Birth: (s	60 yrs. Months		
causes	10A USUAL OCCUPATION (Give kind of 10s work done during most of working life,	KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (	State or foreign country):	12. CITIZEN C	
Cal	even if retired): housewife		Maryland		UA.	
the the	13. FATHER'S NAME:	"	14. MOTHER'S MA	IDEN NAME:		
	George Rabold	,	Anna Purs			
Write	15 WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates	16. SOCIAL SECURITY NO.	17. INFORMANT &			
e as se	or service)	unkn	Hospital Rec	cords		
plea	1 DISEASES OR CONDITIONS DIRECTLY	8. MEDICAL CERTIFICAT LEADING TO DEATH		0	INTERVAL	BETWEEN
	203X	Antonia	colonation	Keart dis	o una	<b>1</b>
E .	IMMEDIATE CAUSE	(A) // CCL OUT	30000112			
Physicians	ANTECEDENT CAUSE (8)	Huem	10		Va	to a
hys	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(8)			-	
	STATING UNDERLYING CAUSE LAST.	(c) Multi	ple my	eloma	42	e va
important	II OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTINGTOVOTOLITIC	nal psychosis	depressed type		
Ort	TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE	ATH With some par	anoid feature	es · · · ·	27	ومد
u l	19A. DATE OF OPERATION: 198. MAJOR	FINDINGS OF OPERATION	N .		20. AU	TOPSY1
. "					YES 🐷	ио 🔲
ecially	21A ACCIDENT WAS UNDERLYING 21B OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	s. PLACE (Home, farm, fact 1NJURY street, office bldg.,	etc. 21c. WHERE D		County) (	State)
is esp	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRED While Not while at work at work	21F. HOW DID I	NJURY OCCUR?		
	22. I hereby certify that I attended the	e deceased from Q_11	_ , 19cc , to 10	1_22 19%% , that I	last saw the	deceased
60 60		that death occurred at				
ect	SIGNATURE		ADDRESS	5	DATE SIGNED	
correct	camming Zustha	M M.D M	.D.Springfield	State Hospital	10-22-5	154-6
0	23. BURIAL, CREMATION, DATE THEREO		ERY OR CREMATORY	LOCATION (City, town	n, or county)	(State)
	BURIAL OCTOH	SIGNATURE	24. FUNERAL D	14400 BE	ADDRES	100
	DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE !	DILLOS	//	O Belau	harm a
	10/3/2/2 1/1/1//	11-11-11/11/11/11/11/11/11/11/11/11/11/1			a de albertage	V 150

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OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

PLEASE TYPE

miles Danie Diale Del Alexandri Or HEADIN-DALIMORE, 10	MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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9640 CERTIFICATE OF DEATH

RE, 18 09647 Reg. Dist. No. 74

7	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D:		
legibly	COUNTY CARROLL MARYLAND	state Maryland county Monte	ome ry		
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside cornorate limits, write RURAL,	ind Rive nearest town)		
and	Y-TOWN Rural - Sykesville 9 mos. 5 day	days fown Wheaton			
death clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET (If rural give location) AOORESS 11264 Old Bladensburg			
C	3 NAME OF (First) (Middle)	(Last)   4. DATE (Month)	Duy) (Year)		
eath	Type of Print)	EED OF 10	1955		
of	Male White Specify: Married 2/12/	70 9. AGE last birthday   F UNDER   VIS.   Months   D	Pays Hours Min.		
please write the causes	10A. USUAL OCCUPATION (Give kind of 10B. KINO OF BUSINESS work done during most of working life. OR INDUSTRY:  even if retired Carpenter Nat. 700. Park -	11. BIRTHPLACE (State or foreign country): 12.  Maryland	CITIZEN OF WHAT		
Je	13. FATHER'S NAME: WOVE. Service	14. MOTHER'S MAIDEN NAME:			
e t	Bushrod Reed	Catherine Reed			
rit	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ACORESS			
se w	(Yes, no, or funk.) (If Yes, give war or dates of service)	Record, Springfield State Hosp	oital		
le a	16. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN		
P	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
**	IMMEDIATE CAUSE (A) Cerebral Th	rombosis, left	1 Mo. 5 days		
an	IMMEDIATE CAUSE (A) <u>Cereoral infomousis</u> , lett				
sici	ANTECEDENT CAUSE (8)				
IMMEDIATE CAUSE  (A) Cerebral Thrombosis, left  OUE TO  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A) Cerebral Thrombosis, left  OUE TO  OUE TO					
	(C)				
tan	TO THE DEATH BUT NOT RELATED TO THE	rain syndrome associated with	la years		
OOL	DISEASE OR CONDITION CAUSING DEATHCETEDTAL ATTET	mosclerosis, with psychotic rea	ection		
important.	194 DATE OF OPERATION. 198. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSYT		
IIJy	21A ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, fact	tory. 21c WHERE DID (City or town) (Count			
especially	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c WHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)		
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While at work at work at work	21F. HOW DID INJURY OCCUR?			
120					
age	22. I hereby certify that I attended the deceased from 8/29	#81			
	alive on 10/3 . 10 55, and that death occurred at		stated above.		
rorrect	The state of the s	C	0/4/55		
00		ERY OR CREMATORY LOCATION (City, town, or	The state of the s		
	Kemaral 10/4/55	isolner spre	ing, Illed		
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	AOORESS		



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9641 CERTIFICATE OF DEATH

g. Dist. No. 24

JUTI		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Carroll MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest	town)
OR and give nearest town)  Yown Rural - Sykesville  3Y 6M 12 Day	or Town Beltimore 3/0'-	. 4
HOSPITAL OR	STREET (If rural give location)	7
STREET ADDRESS Springfield State Hospital	ADDRESS 2421 Maryland Avenue	-
DECEASED: TOTAL EDEDEDITOR	CONTABLED OF 30 30 E	
(Type or Print) JOHN FREDERICK  5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE		
RACE: WIDOWED DIVORCED.	13/76 9. AGE last birthday IF UNDER 1 YEAR 1 F UNDER 24 Months Days Hours	Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard 10B KIND OF BUSINESS OR INDUSTRY:  Bank = Union Trus	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF V COUNTRY? USA	WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	5	
Michael Schaefer	Mary	
18. WAR DECEASED EVER IN U.S. ARMED FORCES? (c. SOCIAL SECURITY NO. (Yes, no. or unk.) (If Yes, give war or dates		
1/ 11h - of service) 1/ 11k -	Record, Springfield State Hospital	w//
18. MEDICAL CERTIFICAT		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	DEATH
IMMEDIATE CAUSE (A) Myocardial :	infarction days	
ANTECEDENT CAUSE (8)		
	lerotic heart disease years	
STATING UNDERLYING CAUSE LAST.		
(C)	C bladden	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CARCINOT	ma of bladder years ome assoc. with senile brain disease 3 years	0.0200
DISEASE OR CONDITION CAUSING DEATH. OF DISEASE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	20. ABTOR	
		° 🔲
21A. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (County) (Stat , etc. INJURY OCCUR?	æ)
210. TIME (Month) (Day) (Year) (Hour)   212 INJURY OCCURRED While Not while	D   21F. HOW DID INJURY OCCUR?	
OF INJURY M. While at work at work		
22. I hereby certify that I attended the deceased from 7/1/2	55 . 19 . to 10/30 19.55 that I last saw the dec	eased
	6:15AM, from the causes and on the date stated above.	
alive on 10/29 55, and that death occurred at	ADDRESS DATE SIGNED	•
1 diamental distribution	Sykesville, Maryland 10/31/55	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET		(State)
REMOVAL (SPECIFY) 1/01-2-55+ 13AL+	o. PALTO	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	/
REGISTRAR, 1955 P. Ligara Tilical	W - FOIK June 1311 St Poul St	
TOTAL STATE OF CONTRACTOR OF THE STATE OF TH		

VS. A15 -- 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information comfaily.

MARGIN RESERVED FOR BINDING



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9549 CERTIFICATE OF DEATH

er Dist No.

	0.0 2.13	Reg. Dist.	140	
	I. PLACE OF DEATH:	2 USUAL RESIDENCE (HOME) OF DECEASED:		
	to an 11	A /.	1. 11	
legibly	COUNTY CANOUL MARYLAND		Mustron	
G.	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest hown) (in this pince)	CITY (If outside corporate limits, write RURAL at	id give nearest town)	
	- Invite Wallingstone 3 9/2.	TOWN hard Westmenster	×	
p∎u u	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1	
	STREET ADDRESS (2)	ADDRESS P.D. 2		
Ē	3. NAME OF (First) (Middle)			
glearly	DECEASED:	(Last) 4. DATE (Month) (Day	(Year)	
	Type or Print) O H N   M. J H I S SEX:   S. COLOR OR   7. SINGLE, MARRIED.   8. DATE	TEL DEATH: Och-	7 19 3 3	
de∎th	RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday: If UNDER I YE		
de	m W Wispecify: mrv.1	7.1880 7 m/ yrs.		
of	10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OF work done during most of working life INDUSTRY:	R   H. BIRTHPLACE (State or foreign country): 12.	OUNTRY?	
	( ever if petired):		GIS, A.	
causes	(and every if petired):  13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
9	13.202 - [ 5]	4		
thm	15 WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No.:   17.	INFORMANT & ADDRESS:	<u></u>	
#	(Yes, no, or unk.) (If Yes, give war or dates of	1 06.00.	md.	
3 no service) 213.05.1705 we linna oreuch westminster."				
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.				
				plaase
pli	DUE TO			
102	Antecedent causes (s) Diseases or conditions, if any, (b) Candia (	Cardiac vilatation	144	
22	giving rise to the above cause stating the underlying came last DUE TO		1	
Sici	stating the underlying cause last. DUE TO	Jeleroses	1 4/4/	
Physicians:	11. OTHER SIGNIFICANT CONDITIONS	rear a		
	Conditions contributing to the death but not			
뱕	related to the disease or condition causing death.  19a. DATE OF OPERATION:   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?	
43	THE DIED OF DESIGNATION AND MANAGEMENT OF THE PROPERTY.			
important.	21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street	(CITY OR TOWN) (COUNTY) (S	TATE)	
E.	SUICIDE OF office bidg., etc.)			
	TIME (Month) (Day) (Year) (Honr) LINJURY OCCURED	HOW DID INJURY OCCUR?		
[3]	OF While at Not While INJURY m. Work ☐ At Work ☐			
especially	22. I hereby certify that I attended the deceased from 9 9.	10/22 4 /A /A 10-1- Fhat I lost	cour the deceased	
Isa				
.82	alive on 9., 19.3.5, and that death occurred at	ADDRESS and on the date s	stated above. TE SIGNED	
au ,	Sold Pitert chier Tolo	11. 17.1 10.	11-15-6	
80	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or cou	inty (State)	
V	REMOVAL (Specify) 6 of 14.1455   histminite	D Gemelery Westminder	26-16.	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
	REGISTRAR	it & Att without the	im 1	

VS. A15

PLEASE WRITE

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

513	CERTIFICATE	OF	TOTAL	TT TO
3 3 41- 97	UNKINKUATR	CIR		

Reg. Dist. No. 74

oly.	1.	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:				
E .		county Carroll MARYLAND	STATE Maryland county Montgomery					
le		CITY (If outside cornorate limits write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL and give nearest town)					
5	1	OR and give nearest town) (in this place)	I DR	- No. 10.111				
d	8	Mural - Sykesville   Fince 4/7/54	2201010011	1: 1.2				
arly	15	HOSPITAL OR SPRINGFIELD State Hospital	STREET (If rural give location) ADDRESS					
le le		Colorador es a colorador esta colora						
- P	3,			Day) (Year)				
atl		DECEASED: (Type or Print) Carroll Austin SH	REVE DEATH: Oct.	9 19 55				
de	35.	SEX:  6. COLOR OR  7. SINGLE, MARRIED,   8. DATE	OF BIRTH 9. AGE last birthday to unoun i					
of O	n	male White (Specify): single Sept.		ays Hours Min.				
02 02	IOA	USUAL OCCUPATION (Give kind of, 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): [12.	CITIZEN OF WHAT				
an a		work done during most of working life, even if retired):	27.	COUNTRY				
22			Virginia Uni	ted States				
he		FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:					
te t		Daniel T. Shreve	Margaret Ellen Jones					
77.		VAS DECEASED EVER IN U.S. ARMED FORCES: 15. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS					
P .	(Xet	s, no. or unk.) III Yes, give war or dates of service)	Records of Springfield State Hosrital					
28	-	IB. MEDICAL CERTIFICAT						
correct age is especially important. Physicians: please write the causes of death clearly and legibly.	1	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN				
		1/0/14		ONSET AND DEATH				
		IMMEDIATE CAUSE (A) Bronchopneum	onia	10 days				
8.7		DUE TO		To days				
ici		ANTECEDENT CAUSE (8)						
75	DI	SEASES OR CONDITIONS, IF ANY, (B) Senility		7 years				
띺	ST	VING RISE TO THE ABOVE CAUSE DUE TO						
		(C)						
สม		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
T.		TO THE DEATH BUT NOT RELATED TO THE	ith cerebral arteriosclerosis	7 *****				
od:		DISEASE OR CONDITION CAUSING DEATHFSVCNOSIS W		/ years				
iii	134	. DATE OF OPERATION: 138. MAJOR PINDINGS OF OPERATION	<b>Y</b>	20. AUTOPSY?				
		man offer that		YES NO				
ciall	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.   INJURY OCCUR?							
pe	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
es S		TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   INJURY   While   Not while	21F. HOW DID INJURY OCCUR?					
97		M. at work st work						
	22. I hereby certify that I attended the deceased from July 16, 1954, to Oct. 9, 1955, that I last saw the deceased							
ಪ		alive on Oct. 8 . 1955, and that death occurred at 12:30M, from the causes and on the date stated above.						
바		SIGNATURE MA COM THE COUNTY OF		stated above.				
Te		100/20						
OI	23	BURIAL, CREMATION, DATE THEREOF TO NAME OF CEMETE	. D. Sykesville, Maryland C	ct.9, 1955				
0		MEMOVAL (SPECIFY)	17711 &	county) (State)				
	7	week 1/10/55 2+ Mari	1/A Journ Le	Mouto me				
	Di	ATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR (SOLINGE WILL	ADDRESS				



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDIC	AL EXA	MUNDR'S	CEK.	TIFICA	ATE	OF.	DEAT	H M	Vo. 1
1. PLACE OF DEA	TII:		11	2. USUAL RI	ESIDENCE	(HOME)	OF DECEASE	):	
COUNTY	Carroll	MARYL	AND	STATE	Marylan	d cor	INTY Carr	oll	
CITY (If outside OR and give n	corporate limits, writerest town	(in this	OF STAY	CITY (If OR TOWN	outside corr		its write RURA	L and g	ive nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R Home - D	FD 1, Sykesvil	le	STREET	RFD 1		rural, give loca ke <b>sville</b>	tion)	1
B. NAME OF DECEASED:	(First)	(Middle)		(Last)	4	. DATE	(Month)	(Day)	(Year)
(Type or Print)	Vernon	Lee		Sibert		DEATH	October	27	19 55
24.7	RACE:	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		OF BIRTH:	9. A.	GE inst b	irthday: IF UN Mont		R IP UNDER 24 HRS
	PATION (Give kind ring most of work ): Then wen		SINESS OR	11. BIRTH	TLACE (S	state or fo	oreign country)		OUNTRY!
J. FATHER'S NAM	ME: Sofe	ibert		14. MOTHER	ANTE MAIDEN	NAME:	etteu		
(Yes, no, or unk/)   (	Ever in U.S. Armed F (If Yes, give war or da ervice)	ORCES? 16, SOCIAL SECURI	TY No.:   1	17. INFORMAL	NT & ADDI	RESS:	ne . 71h	es-ak	2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2
I. diseases or c 490 X Immediate	cause (a	Lobar Pneumo	r <b>H</b> :	iddle an		lobes	right 1		INTERVAL BETWEEN
giving rise to	cause(s) ditions, if any, the above cause ying cause last (c)	TO	,			₹ :	***		
TO THE DEA	TCANT CONDITION TH BUT NOT RE	CONTRIBUTING		4 1 2	***				
19a. DATE OF OP	ERATION: 19b. MA	JOR FINDING OF OPE	RATION:						20. AUTOPSY? Yes 🖺 No 🗍
PRIMARY OF CAUSE OF DEAT	AUSE WAS CONTRIBUTING	21b. PLACE (Home, far OF street, office INJURY	em, factory, e bldg., etc.,	21c. (City	or town)		(County)		(State)
2id. TIME (Month) OF INJURY	(Day) (Year) (H		URRED lot while it work	21f. HÖW	DID INJU	RY OCCU	R?		
		tharge of the remain Natural causes			icide [, CHIEF MI DEPUTY	Homic EDICAL MEDICAL			
23. BURIAL, CREM REMOVAL (Sp DATE REC'D BY	ecity): 10-3	1-55 77	· n/ :	OR ORDMA	AL DIRECT	Loise	N (City, town,	or coun	ADDRESS
REG. 28	9.55 P	Hatte: TIVIS	)	mon bo.	Hune	tal H	me UL	section .	Sit Va

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct VS. A15A - 5 - 53

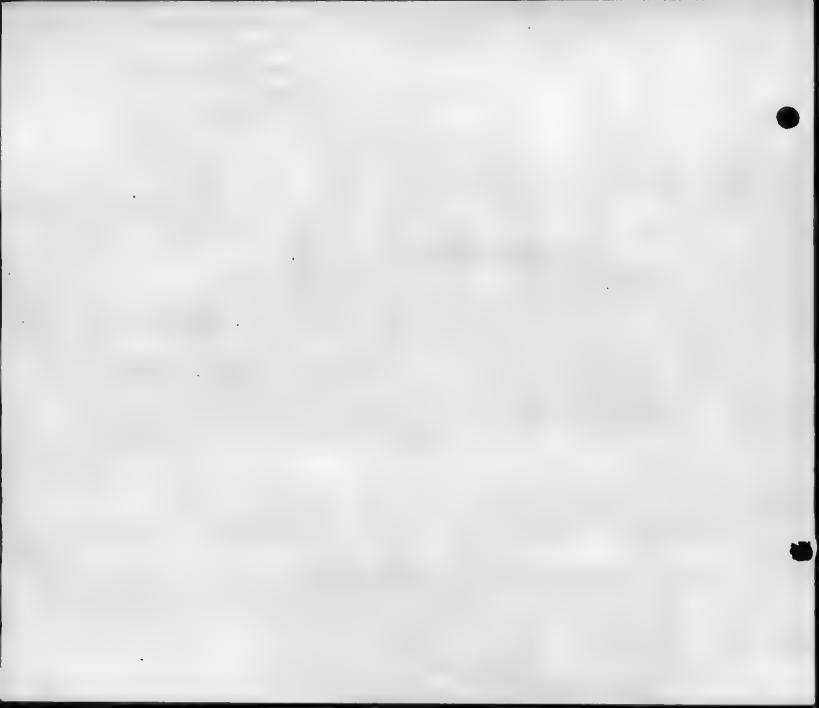
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		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	09652
1	. The	9545 CERTIFICATE OF DEATH Reg. Dist	. No. 80
MARGIN RESERVED FOR BINDING	information carefully clearly and legibly.	1. PLACE OF DEATH:  COUNTY CASHALL  MARYLAND  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)  TOWN  HOSPITAL OR INSTITUTION OR STREET ADDRESS  MARYLAND  2. USUAL RESIDENCE (HOME) OF DECEASED  STATE  CITY(If outside corporate limits, write RURAL a OR TOWN  STREET (If rural give location)	iall
	every item of auses of death	DECEASED: (Type or Print)  GEORGE EDWARD  SMITH  OF DEATH:  DEATH:  SEX:  OF DEATH:  OF	Pays Hours Min.
	UNFADING INK. Supply sicians: please write the c	13. FATHER'S NAME:  14. MOTHER'S MAIDEN NAME:  15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service)  16. MEDICAL CERTIFICATION  17. INFORMANT & ADDRESS:  18. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  10. MEDICAL CERTIFICATION  10. MEDICAL CERTIFICATION  11. MOTHER'S MAIDEN NAME:  4. MOTHER'S MAIDEN NAME:  5. MEDICAL SECURITY NO.  5. MOTHER'S NAME:  6. MOTHER'S MAIDEN NAME:  6. MOTHER'S NAME:  6. MOTHER'S NAME:  6. MOTHER'S	INTERVAL BETWEEN ONSET AND DEATH moults.
	AINLY, WI	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7 YES NO
VS. A15 — 10 - 53	PLEASE TYPE OR WRITE PL	21A ACCIDENT WAS UNDERLYING DATE THEREOF  21B PLACE (Home, farm, factory. OF INJURY office bldg., etc. INJURY OCCUR?  21c. WHERE DID (City or town) (Count of INJURY occur?  21c. WHERE DID (City or town) (Count of INJURY occur?  21d. Time (Month) (Day) (Year) (Hour) 21e INJURY occurred while at work of INJURY occurr?  22e. I hereby certify that I attended the deceased from the state of the state of the state occurred at the state of the state of the state occurred at the state of the state of the state occurred at the state of the state occurred at the state occurred of the state occurred occurred at the state occurred occurre	saw the deceased stated above. FE SIGNED
Š.	4	PERFETRAL ()	TOTAL STATES

201 21 100 M

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### MARYLAND STATE DEPARTMENT OF HRALTH

9647

### 2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

eg. Dist. No.

		CERTIFICAT	E OF DEA	(III	Reg. Dist. N	o.Df	
1. PLACE OF DEAT	H.		2. USUAL RESIDENCE	E (HOME) OF D			
COUNTY	Carroll	MARYLAND	STATE Warvlar	hd	Carrol	Y	
CITY (If outside	corporate limits, write RUR.	AL and   LENGTH OF STAY	CITY (If outside co	rporate limite, write	RURAL and gi	ve nearest to	va)
X TOWN Rura	t town) I Union Bridge	(in this place)	TOWN Rur	al Tanevt	Own	×	
HOSPITAL OR			STREET	(If rtica	, give location)	8	
90 STREET ADDRI	R Rowe Nursing	Home	ADDRESS		r		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
DECEASED (Type or Print)	Marv	М.	Spangler	OF DEATH	October	23.	1955
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last b	rtbday   If under	I year   If un	der 24 hrs.
F	W	WIDOWED, DIVORCED, (Specify) Widow	July 8, 1870	85	VTS.	Days Hou	rs Min.
	PATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (St	ate or foreign count	ry)   1:	2. CITIZEN O	F WHAT
Housewo:	working life, even if retired)	Own Home	Penna.			COUNTRY!	S.A.
13. FATHER'S NAI	ME		14. MOTHER'S MAIL	DEN NAME			~
Ephria	am F. Herr Even In U.S. Anned Fonces		Mary J.	Hoffman			
15. WAS DECRASED I	EVER IN U.S. ARMED FORCES     (If yes, give war or dates or	7   16. SOCIAL SECURITY NO.	17. INFORMANT A	ND ADDRESS			
no	pervice)	none	Mrs. Dovie Mi	ller. Gett	vsburg. F	a.	
		18. MEDICAL CE				1	
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL I	
11500		arterio S		Ť			
1450.0 Immedia	te cause (a)	Acrusio >	ckeroal	-0			
	ent cause(s)						
Diseases or	conditions, if any, (b)	wall where a while 6 to . Her distributed from on	draw grandangan debenareses sangaga	- N	martin 1 h I Tanzana can		
	to the above cause underlying cause last						
nozwag saw	(c)					1	
II. OTHER SIGNIF	TCANT CONDITIONS						
Conditions contrib	outing to the death hut not ase or condition causing deat	h.					
		FINDINGS OF OPERATION				1 20. AUTO	PSY!
							No [
21. ACCIDENT	(Specify)   PLA	CE (Home, farm, factory, street,	: (CITY (	R TOWN)	(COUNTY)		
SUICIDE HOMICIDE	OF INJ	office bldg., etc.)				·	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY	OCCUR!			
OF INJURY	m.	While at Not While Work At work,					
			CAS los	102 0	, =		
22. I hereby cer	tify that I attended the	e deceased from	, 19 50 to Oc	19.5	that I last a	aw the de	ceased
··· (Oa)	6 73 1055	d that death occurred at.s	5 XL	the server and	43 3.44	. 4 . 7 . 7	
alive on CC SIGNATURE	AR	(Degree or title)	ADDRESS /	rue carraes and	on the date st	DATE S	GNED
DIGITALONI	1 Leto.	- 111 0	00	J. L.			- 100
	V. Moly	y lun 6	allon a	Jusqu		10-28	, 73
23. BURIAL, CREM REMOVAL (Spe	MATION   DATE THEKE	7	RY OR CREMATORY	1	ty, town, or coun	ty) (	State)
Buria	1 Oct. /26/	1955 Lutheran Co	metery 24. FUNERAL DIRE	Harney.	Carroll C	C. Mar	ryland
DATE REC'D BY	1	SIGNATURE					S
REG. Oct 26	1955 Lesly	· sepo	10.0.Fuss & S	on, Taneyt	own, Mary	rland	

OR BINDING

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15





Work [

(Degree or title)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF

20. AUTOPSY ? Yes [ No [ (STATE) At Work 22. I hereby certify that I attended the deceased from .8-30- .1955, to 10-5- .1955, that I last saw the deceased alive on 10-5-, 1955, and that death occurred at ... 6:30 A.M., from the causes and on the date stated above. LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY

Reg. Dist. No.

(Year)

19 55

Interval Between

Onset And Death

Hours

E WRITE AS PLE.

INJURY

SIGNATURE

23. BURIAL, CREMATION,

REMOVAL (Specify)

DATE REC'D BY LOCAL

0 --

10-

4.6.0.000

1919

SIGNATURE

REGISTRAR'S

FUNERAL DIRECTOR

REMOVAL (SPECIFY) DATE REC'D BY LOCAL

REGISTRAR

τά



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

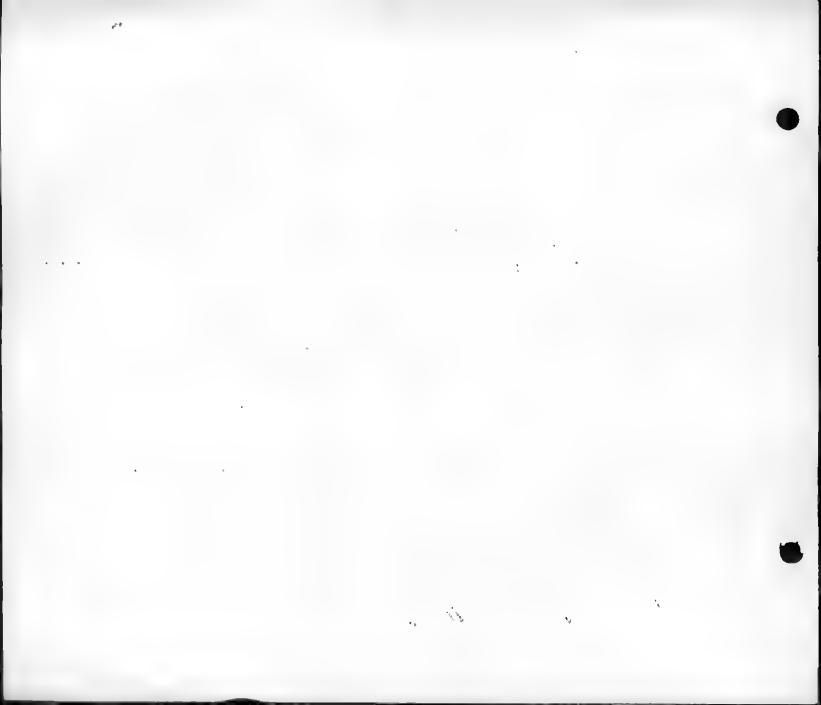
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	CUTATORIUTENECI A POTE	OT	TATE A FRIT
1651	CERTIFICATE	OL	DUAL

Reg. Dist. No. 09657

	90:03				
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
grib	county Carroll MARYLAND	STATE Marvland county City			
9	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town			
death clearly and legibly	OR and give nearest town) (in this place)  TOWN Sykesville 5 months	TOWN Baltimore 7			
<b>⊳</b>	HOSPITAL OR	STREET (If rural give location)			
arl	ANSTITUTION OR STREET ADDRESS Springfield State Mospital	5007 Relieville Avenue			
cle		(Last) 4. DATE (Month) (Day) (Year)			
th	DECEASED: TIATEDTY MODELE	OF.			
lea	(13)10 01 11110)	OF BIRTH 9. AGE last birthday ir UNDER 1 YEAR IF UNDER 14 HRB.			
of (	RACE: WIDOWED, DIVORCED.	Months Dava Hours t Min			
	Male white (Specify): Sep. 5-	11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHA			
causes	I work done during most of working life. OR INDUSTRY:	COUNTRY?			
	even if retired): Groc. Store Vanager	Maryland (Baltimore) U.S.A.			
the	13. FATHER'S NAME:				
43	Robert Totty	Unkown			
write	(Yes, no. or unk.) (If Yes, give war or dates 214 = 03-1540	Mrs Harry, M. Totty 5007 Belleville			
e .	of service)	Mrs Harry M. Totty 5007 Belleville			
please	18. MEDICAL CERTIFICA	TION INTERVAL BETWEEN			
D	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
0/3	IMMEDIATE CAUSE (A) Bron	chonneumonia, unresolved days			
ian	ANTECEDENT CAUSE (5)				
Physicians:		is of lung, far-advanced 6 months			
Ph3	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.				
	(C)	(C)			
important.	TO THE DEATH BUT NOT RELATED TO THE CRS associated with senile brain disease,				
OF	DISEASE OR CONDITION CAUSING DEATH. With DSychot				
H	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	20. AUTOPST7			
		YES NO 🖵			
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State)				
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21g INJURY OCCURRED   21f. HOW DID INJURY OCCUR?					
	OF INJURY While at work at work				
80	Mi L	30 10 1 to 30 30 10 1 that I last som the decree			
22. I hereby certify that I attended the deceased from . 5-19, 1955, to . 10-19, 1955, that I last saw the alive on . 10-18-55, 19 and that death occurred at 3:40AM, from the causes and on the date stated a DATE SIGNI					
cor	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY, LOCATION (City, town, or county) (State			
	REMOVAL (SPECIFY) Oct 22 1955 Loudon P	ark Cemetery Baltimore, Maryland.			
	Burial Oct. 22 1955 LOUGON F	24 FUNERAL DIRECTOR ADDRESS			



OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, The

# VS. A15 — 10 - 53

PLEASE TYPE

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1809658

JOUZ CERTIFICATI	E OF DEATH Reg. Dist. No.			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
county Carroll Maryland	STATE Maryland county altimore City			
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY				
OR and give nearest town)  TOWN (in this place)	TOWN Paltimore 30011			
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)			
5 STREET ADDRESS Enginefield State Hospital	709 N. Monroe Street			
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)			
(Type or Print) Dert	ovmrend DEATH- 10 22 1955			
M WIDOWED, DIVORCED. (Specify) ridowed 7 -	8 = 1870  85  9. AGE last birthday if under i year Months Days Hours Min.			
iOA. USUAL OCCUPATION (Give kind of OR KIND OF BUSINESS work done during most of working life, even if retired) packer meat packing	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Maryland  IT. S.A.			
13 FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
James E. Townsend	Annie E. Bell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 15. SDCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
(Yes no or unk.) (If Yes, give war or dates of service) unkn	Hospital Pecords			
IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST  (C)	vais of the Siver (Falorie). Liver sevent yes.			
IX OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Thronic TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Alcoholic hallucinosis 27 years			
198, MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO			
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg.				
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-2, 1955, to 10 =22 = 1955, that I last saw the deceased above on 10-21- 1955, and that death occurred at 2:20 AM, from the causes and on the date stated above.  ADDRESS  BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) of the causes and on the date stated above.  BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) of the causes and on the date stated above.  BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) of the causes and on the date stated above.  BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) of the causes and on the date stated above.  BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) of the causes and on the date stated above.  BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) of the causes and on the date stated above.  BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) of the county of the causes and on the date stated above.  BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) of the county				
13U121112 10-25-JU 1917 ChIVE1	Cem Frederickter Packto			



MARGIN RESERVED FOR BINDING

VS. A15-10-53

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09659

MARTIAND STATE DETARTMEN	II OF HEALTI	II-BALIMORE, 10	00000
9653 CERTIFICATI	E OF DEA!	TH Reg. Di	ist. No.
1. PLACE OF DEATH:	2. USUAL RESID	ENCE (HOME) OF DECEAS	SED:
COUNTY Carroll MARYLAND	STATE Mary	land COUNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY (in this place)	CITY(If outside	corporate iimits, write RURAI	L and give nearest town)
X TOWN Rural - Sykesville 6 Y, 6 M, 27	TOWN Balti	imore	5 Y . 1 - 4
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(If rural give location	on)
5 STREET ADDRESS Springfield State Hospital	ADDITEOS		<b>√</b>
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) Joseph	WALTERS	DEATH: 10	28 19 55
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   WIDOWED, DIVORCED.		9, AGE last birthday IF UNDER	TYEAR IF UNDER 24 MRE.
	11/80	75 yrs. Months	Days Hours Min.
OA USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	11. BIRTHPLACE	(State or foreign country):   12	2. CITIZEN OF WHAT
even if retired): Stevedore	Germany		unknown
I3. FATHER'S NAME:	14. MOTHER'S M.	AIDEN NAME:	
Martin Walters	Julie	Luziane	
S. WAS DECEASED EVER IN U.S. ARMED FORCES: (Yes, no, or unk.) (If Yes, give war or dates	17, INFORMANT	& ADDRESS.	
no of service)	Record, Sr	oringfield State H	Hospital
18. MEDICAL CERTIFICAT			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH
IMMEDIATE CAUSE (A) Septicemia			days;
ANTECEDENT CAUSE (S)			
, ,	of the extrem	ity	months
STATING UNDERLYING CAUSE LAST.		•	
	arteriosclen		years
TO THE DEATH BUT NOT RELATED TO THE	e bran syndrom arteriosclero	me associated with	(1)
DISEASE OR CONDITION CAUSING DEATH. COIDIGIAL  198. DATE OF OPERATION:   198. MAJOR FINDINGS OF OPERATIO		1919	
			20. AUTOPSY?
	extremity up	to knee	
21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., IF EITHER, NOTIFY MEDICAL EXAMINER)			unty) (State)
PID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID	INJURY OCCURT	
22. I hereby certify that I attended the deceased from 6/2	1 , 19 55, to 10	0/28 , 19.55, that I la	ast saw the deceased
alive on 10/28, 19 55, and that death occurred at		he causes and on the dat	te stated above.
SIGNATURE OF CARRAGALA			ATE SIGNED
	. D. Sykesvi	ille, Maryland	10/28/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY	LOCATION (City, town,	or county) (State)
Dune 1/1/55 Dacac	1 Vacast	· Herman v	the 1ch
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	P4. FUNERAL D	SIRECTOR (	1318 hall
the contraction of the contraction	U 0 000	my owne	- 0 -7

R 1

Entineal Melancholia (County) (State) . 1950, that I last saw the deceased 32M, from the causes and on the date stated above. DATE SIGNED LOCATION (City, town, or county) ADDRESS

(Day)

Days

(Year)

ال 19

Hours |



VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

9655

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No....

I. PLACE OF DEAT COUNTY			2. USUAL RESIDENCE (			,	
	Carroll	MARYLAND	Maryla		CaffoT)	<u>ι</u>	
OR give nearest	corporate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corpo			e newrest to	wn)
	raTWestmins	ster (Life place)	Town rural-				X
HOSPITAL OR INSTITUTION O STREET ADDRE	R SSS		STREET ADDRESS	(If rural, gi	ive location)		1
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	EDWARD	WIL	LIAMS	OF DEATH	OCT.	24.	1955
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birth	day   If under	1 year  If u	nder 24 hrs.
male	white	WIDOWED, BIXORCED,	9-3-1881	71	yrs. Months.	Days Ho	ars Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		1 12	CITIZEN	OP WHAT
done during most of	Lavolei expr li retired)	Tarming	Maryland		1	GOUNTRY?	
13. FATHER'S NAM	Æ.		14. MOTHER'S MAIDEN	NAME			
	William R.	Williams	Milesann	Turfel			
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	7   16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS			
(Yes, no or unknown)	(If year, give war or dates of service)	" none	Ella M. Foss	sett. Wes	tminste	er.Md.	
		19 MEDICAL OF	PRINCATION				_
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	TIPICALION /		4	ONSET AN	BETWEEN DEATH
420,		(4 n. + 1/a	Driver Th	1 Dan	-	0. /	1
Immediat		Cerce -VI	- Comy	Occor	man a transaction on a	PACE!	read
Antondo	nt cause(s)	-	/.		}	1	
Antecede	nt cause(s)	stormed board	12 Com	Lilled	/		
Discases or	conditions, if any, (b)	90000		A	/		
stating the t	underlying cause last	No.		0			
IL OTHER SIGNIF	ICANT CONDITIONS	* * * * * * * * * * * * * * * * * * *					
Conditions contrib	uting to the death but not						
		INDINGS OF OPERATION				20. AUT	APQV9
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN	(COUNTY)	Yes	No Z
SUICIDE HOMICIDE	OF INJU	office bldg., etc.)			(000111)	(918	1.6)
OF (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR7			
INJURY	m.	Work At work					
		e deceased from 10/24	10/		Red	nestes	Man
22. I hereby cert	ify that I attended the	deceased from	, 199.u., to	19.J.K., t	hat I last se	w the de	ceased
elive on	19 an	d that death occurred at./	13 A.H. m from the	contage and an	the data at	And about	
SIGNATURE	, 10	(Degree or title)	ADDRESS	causes and on	the date sta	DATE S	e, acazen
Dr.	utter Bar	- 1000 Bapi	Le Medical Ex	care UR	tereste	fel 1	924/
23. BURIAL, CREM	ATION DATE	NAME OF CEMETE	RY ON-ONDMATORY	LOCATION (City,	town, or count	y) (	State
REMOVAL 18PT	(ily) 10-27-1	.955 Deer Par		Carroll C			,
CARRIE DIEZULA DIA			24. FUNERAL DIRECTO	OR	- a yours ,	ADDRE	SS
REG. 10-25	7.1985 6.M. 5	Farver)	C. M. Waltz	. Winfie	ld.Mary	vland	
						,	



OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

PLEASE TYPE

VS. A15-10-53

The

0656	CERTIFICATE	OF DEATH

	9556 CERTIFICATI	COP DEATH Reg. Dist.	. No. ///		
bly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	<b>D</b> :		
99	COUNTY Carroll MARYLAND	STATE Marriand COUNTY			
=	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY If outside corporate limits, write RURAL s	nd give nearest town)		
and	OR and give nearest town) (in this place)  X TOWN Sykesville 10 month 3ds	vs TOWN Baltimore 13	3401-4		
	HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS			
death clearly and legibly	/5 STREET ADDRESS Springfield State Hospital	1110 N. Kenwood Avenue			
[]			Day) (Year)		
ath	DECEASED: (Type or Print) JAMES	TI SON DEATH. 10-	20 1955		
de	5, SEX:   6, COLOR OR   7, SINGLE, MARRIED,   8, DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y			
of	RACE: WIDOWED, DIVORCED. (Specify): Windowed (	Months D	ays Hours Min.		
	Male   White   (Specify): Widowed   {-2	69 yrs.   11. BIRTHPLACE (State or foreign country):  12.			
causes	work done during most of working life OP INDUSTRY.		COUNTRY?		
CBI	even if retired): Carpenter 1126-	Virginia	TT C A		
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME.			
e CE	Ceorge Hilson	Mary Ellen wilson			
please write	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST   IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
3	(Yes, no, or unk.) (If Yes, give war or dates	Henrital mesenda			
36	de-	Hospital records			
leg	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TON	INTERVAL BETWEEN		
		Late 0 5 1	ONSE! AND BEATR		
602	IMMEDIATE CAUSE (A)	Mal mfarction	nours		
22	DUE TO A				
Physicians:	DISEASES OR CONDITIONS, IF ANY. (B)	ry occurron	days		
hy	GIVING RISE TO THE ABOVE CAUSE DUE TO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	STATING UNDERLYING CAUSE LAST.	letter heart phoeese	years.		
important.	IX OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CRS asso	a with circulatory disturbance	year.		
ta l	TO THE DEATH BUT NOT BELATED TO THE		9 /		
00 l	DISEASE OR CONDITION CAUSING DEATH. Tith cere a	merioscierosis, without quali-	lears		
E	19A DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N fying phrase.	20. AUTOPSY?		
			YES HO		
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		(State)		
3De	210 TIME (Month) (Day) (Year) (Hour) , 21E INJURY OCCURRED	2   21F, HOW DID INJURY OCCUR?			
-	OF INJURY While Not while				
8/2					
00 00	22. I hereby certify that I attended the deceased from . Li-Li	-55, 19 , to $10-20$ , 19.55, that I last	saw the deceased		
og .	alive on10-20 19 55, and that death occurred at 9:45 /M, from the causes and on the date stated above.				
ct	/SIGNATURE		re signed		
11.0	Walker A. Jourses delets	. D. Springfield State Hosp. 10	-10-55		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY)					
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	TIME P. I See the see let D. O.	ADDRESS Sur		
	Cart. 21. 1955 C. Harry Tiller	W= 1000, THE. 12/14 Tanget	· BREED, MG		

P. Harry Weer

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Physicians:

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MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18
9657 CERTIFICATI	E OF DEATH Reg. Di Q 9663 H
1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED:
CITY Ill outside corporate limits, write RURAL LENGTH OF STAY OR and give heares town) (in this place)  Y TOWN Syperacles 94 8 mg 26 days	CITY(II outside corporate limits, write RURAL and give nearest town)  OR  TOWN  Bultimore  3 V 0 1- 4
15 STREET ADDRESS Springfield State Hosp	STREET (If rural give location)  ADDRESS  MANUSCOTT
	(Last) 4. DATE (Month) (DRY) (Year) OF DEATH: 10 - 1 - 1955
5. SEX:  6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower 6	9. AGE last birthday If under 1 YEAR IF UNDER 24 HRS.  1-65 Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of tops and the work done during most of working life. even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
13. FATHER'S NAME: Enos Wooden	mary E. Russell
(Yes, no, or unk.)  If Yes, give war or dates of service)	mr. Carl northard (daughter
18. MEDICAL CERTIFICAT	INTERAC BEIMEEN
420.1 IMMEDIATE CAUSE (A) Coronary	Thrombosis secondary Ylaks
ANTECEDENT CAUSE (8)	levos clerosis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	

II OTHER SIGNIE CBS arrociated arteriosclerosis TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A, DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION

at work

21a. ACCIDENT WAS UNDERLYING [] 218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while

at work

21F. HOW DID INJURY OCCUR?

18-1, 1955 that I last saw the deceased 22. I hereby certify that I attended the deceased from - 4 , 196, to 6: 45 M, from the causes and on the date stated above. and that death occurred at DATE SIGNED SIGNATURE ADDRESS 55 (State)

BURIAL, CREMATIO CREMATION. DATE THEREOF NAME OF CEMETERY LOCATION (Vity, town, or county)

DATE REC'D SIGNATURE LOCAL

24. FUNERAL DIRECTOR

lers

20. AUTOPSY?

(State)

YES [

(County)

BUREAU K.

9201 9 1002

DE A MEDERA

9658	CERTIFICAT	E OF DEATH	H Reg.	Dist. No. 77
COUNTY CHARACTER COUNTY CHARACTER COUNTY CHARACTER CONTROL CONTROL CONTROL CONTROL CONTROL COUNTY CO	RURAL LENGTH OF STAY (in this place)	2. USUAL RESIDENCE STATE MO CITY(If outside corp OR TOWN HOLE STREET ADDRESS	COUNTY &	RAL and give nearest town) - Rural >
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	rumed Heb:	22-1883	4. DATE (Month) OF DEATH: Que GE last birthday Mont yrs. He or foreign country):	hs Days Hours Min.
13. FATHER'S NAME:  Silbert Woody  15. WAS DECEASED EVER IN U.S. ARMED FORCES  (Yes, no, or unk.) (If Yes, give war or date of service)		Maurie.  17. INFORMANT & A My N. B Woo	Suffer Doress: Ham	fistered Wed
I DISEASES OR CONDITIONS DIRECTLE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(A) Cerebra  (B) autemore  (B) Due to  (C) Prahet	l Hemourles Penstic Hear	1 Pineare	INTERVAL BETWEEN ONSET AND DEATH  June  5 year
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING 194. DATE OF OPERATION: 198. MAJO	CONTRIBUTING O THE	N		20. AUTOPSY?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  M.  22. I hereby certify that I attended alive on Death 9 1955, a SIGNATURE  23. BURIAL, CREMATION, DATE THEF DEMOVAL (SPICIFY)	21E INJURY OCCURRE While Not while at work the deceased from and that death occurred at	1953, to Oct. 19	URY OCCUR?	date stated above.  DATE SIGNED  10-10-51
DATE REC'D BY LOCAL REGISTRATE REGISTRATE PLANTING THE PL	7.00	Car FUNERAL DING	pton, He	ADDRESS My

BUREAU V. S.

9981 81 100

DEALED A